

HEALTH

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CITY OF NOTTINGHAM

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

1948



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CITY OF NOTTINGHAM

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR

1948

Nottingham :

DERRY AND SONS, LIMITED, PRINTERS,

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PREFACE

No major local Health Authority could have experienced during 1948 a more difficult period due to staff changes and new legislation than the Health Department of this City. During the course of the year however, all the services continued, many showed degrees of expansion and as in other years, good work was done, the quality of which is amply reflected in the statistics which form part of the body of this report.

When my predecessor, Dr. Cyril Banks, published his last annual report—that for 1947—the National Health Service Act was about to become operative. In preparation for this change, the volume of work which had greatly increased during 1947 in preparing schemes for new Services was continued through 1948. The “Appointed Day,” 5th July 1948, came and the great hopes—not without anxieties—of many preceding years, became effective.

Locally, to mark this day, the Council entertained to lunch at the Council House, all those who had played any part in the direction or shaping of past services, those who were by reason of transfer to other statutory bodies passing from the service of the Council and those who were to continue to direct remaining services and expand the new ones, for which responsibility was now operative.

At about this time Dr. Banks conveyed to the Health Committee his intention of retiring and the Committee accepted his resignation “ with the greatest regret ”.

My appointment as Medical Officer of Health, made in the year when Liverpool celebrated the centenary of Duncan—the first Medical Officer of Health to be appointed in the country—placed me fifth in the line—Seaton, Whitelegge, Boobyer, Banks—of Medical Officers of Health of the City of Nottingham. On their pioneering works the future services will be built.

There can be little doubt that long before another century has passed 1948 will be a famous date in history as the year in which was launched, with other instruments of social betterment, a National Health Service the scope of which, even now, is only beginning to become apparent.

WILLIAM DODD,

July, 1950.

HEALTH DEPARTMENT,
HUNTINGDON HOUSE,
NOTTINGHAM.

HEALTH COMMITTEE

1948

LORD MAYOR :

COUNCILLOR JOHN EDWIN MITCHELL.

CHAIRMAN :

ALDERMAN ERNEST PURSER.

VICE-CHAIRMAN :

COUNCILLOR (MISS) GLEN-BOTT, J.P., M.B., B.S., F.R.C.O.G.

ALDERMAN H. BOWLES, J.P.

ALDERMAN E. A. BRADDOCK, J.P.

ALDERMAN W. CRANE, J.P.

ALDERMAN R. SHAW, J.P.

COUNCILLOR R. ARBON.

COUNCILLOR (MRS.) L. E. CHAMBERS

COUNCILLOR H. O. EMMONY

COUNCILLOR T. EVLEY

COUNCILLOR (MRS.) B. HAZARD

COUNCILLOR (MRS.) S. JAMES

COUNCILLOR J. E. MITCHELL

COUNCILLOR L. MITSON

COUNCILLOR A. W. NORWEBB

COUNCILLOR (MRS.) M. E. WOOD

HEALTH DEPARTMENT STAFF.

Medical Officer of Health—

CYRIL BANKS, M.D., B.S. (Lond.), D.P.H. (Sheff.). To 31.10.48.

WILLIAM DODD, M.D., M.R.C.P., D.P.H. From 1.11.48.

Deputy Medical Officer of Health—

WILLIAM DODD, M.D., M.R.C.P., D.P.H. To 31.10.48.

Maternity and Child Welfare—

Senior Medical Officer.

ISABELLA McD. HARKNESS, M.B., Ch.B., D.P.H.

Assistant Medical Officers.

FREDA M. CHALKLEY, M.R.C.S., L.R.C.P.

JANET B. DALGETTY, M.B., Ch.B. (from 1.8.48).

PETER A. DUKE, M.B., Ch.B., D.P.H. (to 27.6.48).

HARRIET J. GRANT, M.B., Ch.B.

SYLVIA M. MATTHEWS, M.B., B.S.

HENRIETTA M. MACLEOD, M.B., B.S.

MEGAN E. WILKINSON, M.B., Ch.B. (from 8.11.48).

Tuberculosis.*

JOHN V. WHITAKER, M.B., Ch.B., D.T.M. & H., D.P.H.

FREDK. H. W. TOZER, M.D., B.S., M.R.C.P.

PETER A. DUKE, M.B., Ch.B., D.P.H. (from 28.6.48).

Mental Health.*

DUNCAN MACMILLAN, M.D., B.Sc., F.R.C.P.E., D.Psych.
Physician-Superintendent, Mapperley Hospital.

ISAAC J. DAVIES, M.D., B.Sc., D.P.M.
Dep. Physician-Superintendent, Mapperley Hospital.

HENRY FISHER, M.D., L.R.C.P., L.R.C.S., D.P.M.
Psychiatric Specialist, Mapperley Hospital.

KENNETH O. MILNER, M.D., M.R.C.S., L.R.C.P., D.P.M.,
Medical Superintendent, Aston Hall M.D. Institution.

Infectious Diseases.*

THOMAS A. DON, M.B., Ch.B., D.P.H.

Ultra Violet Ray Clinic.

HENRY N. JAFFE, M.B., B.S. (part-time).

SOPHIA K. G. STUART, M.A., M.B., Ch.B. (part-time).

City Analyst.

W. W. TAYLOR, B.Sc., F.R.I.C. (part-time).

*In conjunction with Regional Hospital Board.

Health Visiting.

Superintendent—MISS M. W. BEATTY, S.R.N., S.C.M.

Student Health Visitor Tutor—MISS D. T. HOGG, S.R.N., S.C.M.

Senior Health Visitor for Tuberculosis—MISS E. CALEY, S.R.N., S.C.M.

Health Visitors—Maternity & Child Welfare—29.

Tuberculosis—5.

Student Health Visitors—12.¹

Midwifery.

Supervisors—MISS S. M. HOWARD, S.R.N., S.C.M.

MISS D. BACKHOUSE, S.R.N., S.C.M., R.F.N.

Ophthalmic Nurse—MISS W. E. HAYNES, S.R.N., S.C.M.

District Midwives—33 Full Time.

3 Part Time.

Hostel for Unmarried Mothers.

Matron—MRS. E. MACKINTOSH, S.R.N., S.C.M.

Day Nurseries.

Supervisor—MISS M. A. HEY, S.R.N., S.C.M., R.F.N., H.V.
(To 21.8.48).

MISS D. E. MARSHALL, S.R.N., S.C.M., H.V.
(From 22.8.48).

ARNOLD ROAD .. *Matron*—MRS. E. REDMILE, S.R.N.
Nursery Assistants—5.

BELLS LANE .. *Matron*—MRS. G. E. TROOP, S.R.N.
Nursery Assistants—8.

BULWELL .. *Matron*—MISS S. LOVETT, S.R.N.
Nursery Assistants—8.

HEATHCOAT STREET *Matron*—MISS J. TALBOT.
Nursery Assistants—9.

PIERREPONT .. *Matron*—MISS E. SAXTON, S.R.N.
Nursery Assistants—8.

QUEEN'S DRIVE .. *Matron*—MRS. E. MACKINTOSH, S.R.N.,
S.C.M.
Nursery Assistants—6.

RADFORD .. *Matron*—MRS. A. NAYLOR, S.R.N.
Nursery Assistants—8.

SYCAMORE ROAD .. *Matron*—MISS E. C. DARLEY, S.R.C.N.
Nursery Assistants—7.

Home Nursing.

Superintendent—MISS A. M. HOWARD, S.R.N., S.C.M.

Deputy Superintendent—MISS C. BLAIN, S.R.N.

District Nurses—25.

Almoners.

MISS M. E. M. BENHAM, A.M.I.A. (To 23.10.48).

MISS A. C. REID, A.M.I.A.

MISS K. BATES, A.M.I.A. (From 23.2.48).

Mental Health Service.

Mental Health Officer—J. E. WESTMORELAND.

Deputy Mental Health Officer—G. E. HIBBARD.

Duly Authorised Officers—7.

Ambulance Service.

General Manager—B. ENGLAND, M.I.Mech.E., M.Inst.T.

Superintendent—A. K. HICKS.

Deputy Superintendent—J. W. GANNON.

Sanitary Inspection.

Chief Sanitary Inspector—A. WADE, M.B.E., F.R.San.I.

Deputy Chief Sanitary Inspector—J. N. HUGHES, M.R.San.I.

Senior Inspector of Meat and Other Foods—F. RICHARDSON,
Cert.R.San.I.

Sanitary Inspectors, all branches—25.

Housing Officers—Females—3.

Rodent Operators—5.

Home Help Service.

Organiser—MRS. L. E. GRAY.

Ultra Violet Ray Clinic.

Secretary/Attendant—MRS. D. A. MORRIS.

Nurse Attendants—2.

Clerical.

Chief Clerk—J. C. SLIGHT.

Clerks, all sections—28.

Other Staff.

Mortuary Attendants—2.

Office Porter—1.

Van Drivers—2.

STATISTICS for 1948.

GENERAL.

POPULATION.

The Registrar-General's Estimate of the civilian population of the City at the middle of 1948 is ..					296,900
AREA (acres)	..	..	..	..	16,166
Rateable Value	..	..	..	..	£2,226,990
Sum represented by a penny rate (1948-49)					£8,900
Rates in the £ (1948-49) ..					18/-

BIRTHS.

Legitimate	Males	2,809	Females	2,632	..	Total	5,441
Illegitimate	„	218	„	228	..	„	446
Total Live Births					..		5,887
Birth-rate per 1,000 of population					..		19·82
Average 10 years 1891-1900					..	..	29·20
„ „ 1901-1910					..	..	29·90
„ „ 1911-1920					..	..	21·03
„ „ 1921-1930					..	..	18·97
„ „ 1931-1940					..	..	15·96
1941	..	..	..	..	..	..	16·04
1942	..	..	..	..	..	..	18·15
1943	..	..	..	..	..	..	19·11
1944	..	..	..	..	..	..	21·7
1945	..	..	..	..	..	..	19·7
1946	..	..	..	..	..	..	22·05
1947	..	..	..	..	..	..	23·90
1948	..	..	..	..	..	..	19·82

Stillbirths.

Legitimate	Males	68	Females	60	..	Total	128
Illegitimate	„	8	„	5	..	„	13
Total stillbirths					..		141
Rate per 1,000 births (live and still)					..		23·3

DEATHS.

All causes

Males 1,674					Females	1,570	..	Total	3,244
Death-rate per 1,000 of population					..		..		10·9
Average 10 years 1891-1900					..	..	..		18·38
„ „ 1901-1910					..	..	..		16·50
„ „ 1911-1920					..	..	..		15·55
„ „ 1921-1930					..	..	..		13·24
„ „ 1931-1940					..	..	..		13·32

1941	..	..	..	..	14·03
1942	..	..	..	..	13·07
1943	..	..	..	..	14·30
1944	..	..	..	..	13·21
1945	..	..	..	..	12·9
1946	..	..	..	..	12·5
1947	..	..	..	..	12·3
1948	..	..	..	..	10·9

Maternal Mortality.

	No. of Cases	Rate per 1,000 births.	
		NOTTINGHAM.	ENGLAND & WALES.
Sepsis	1	·16	·24
Other Causes ..	2	·33	·78
Total	3	·49	1·02

COMPARATIVE TABLE.

	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948
Sepsis ..	2	3	2	3	5	2	3	3	2	1
Other causes	4	9	10	9	2	3	4	4	7	2
Per 1,000 births ..	1·3	2·7	2·8	2·5	1·38	·85 $\frac{1}{2}$	1·33	1·09	1·26	·49

Infant Mortality.

Deaths of Infants under 1 year ..	261
Rate per 1,000 live births ..	44
(Legitimate 44, Illegitimate 42).	

Average 10 years 1891-1900 ..	182
„ „ 1901-1910 ..	161
„ „ 1911-1920 ..	125
„ „ 1921-1930 ..	89
„ „ 1931-1940 ..	76
1941 ..	80
1942 ..	62
1943 ..	65
1944 ..	56
1945 ..	53
1946 ..	42
1947 ..	50
1948 ..	44

Deaths from Measles (all ages) ..	4
„ „ Whooping Cough (all ages) ..	11
„ „ Diarrhoea (under 2 years of age) ..	35

ANALYSIS OF INFANT MORTALITY.

NOTTINGHAM.

CAUSE OF DEATH.	Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	TOTAL UNDER 1 MONTH.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	TOTAL DEATHS UNDER ONE YEAR.
CERTIFIED	89	20	6	3	118	49	52	22	17	258
UNCERTIFIED	3	—	—	—	3	—	—	—	—	3
Small-pox	—	—	—	—	—	—	—	—	—	—
Chicken-pox	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	1	—	1
Scarlet Fever	—	—	—	—	—	—	—	—	—	—
Whooping-Cough	—	—	—	—	—	—	2	—	1	3
Diphtheria and Croup	—	—	—	—	—	—	1	—	—	1
Influenza	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis	—	—	—	—	—	—	—	—	1	1
Abdominal Tuberculosis	—	—	—	—	—	—	—	1	—	1
Other Tuberculous Diseases	—	—	—	—	—	—	1	—	—	1
Meningitis (<i>not Tuberculous</i>)	—	3	—	—	3	—	—	—	1	4
Convulsions	—	1	—	—	1	—	—	—	—	1
Laryngitis	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	1	—	1	4	1	—	—	6
Pneumonia (all forms)	2	2	3	1	8	24	30	10	10	82
Diarrhoea & Enteritis	—	—	—	—	—	12	11	7	3	33
Gastritis	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	1	—	—	—	1
Rickets	—	—	—	—	—	—	—	—	—	—
Suffocation (overlying)	—	—	—	—	—	—	—	—	—	—
Difficulty or Injury at Birth	7	—	—	—	7	—	—	—	—	7
Atelectasis	19	—	—	1	20	1	—	—	—	21
Premature Birth	40	—	1	—	41	—	—	—	—	41
Congenital Malformations	13	10	1	1	25	3	1	—	—	29
Atrophy, Debility and Marasmus	1	—	—	—	1	2	2	—	1	6
Other Causes	10	4	—	—	14	2	3	3	—	22
TOTALS.. ..	92	20	6	3	121	49	52	22	17	261

Summary of Deaths at all ages from various causes, 1948.
(Registrar General's International Short List).

NOTTINGHAM.

Total Deaths	3,244
Deaths under 1 year	261
„ 1— 5 years.. .. .	47
„ 5—45 „	320
„ 45—65 „	784
„ 65 and over	1,832
Causes of Deaths :—	
Typhoid and Paratyphoid Fevers	—
Measles	4
Scarlet Fever	—
Whooping-Cough	11
Diphtheria	3
Influenza	1
Encephalitis Lethargica	7
Cerebro-Spinal Fever	3
Tuberculosis of Respiratory System	199
Other tuberculous diseases	34
Syphilis	19
Ac-Poliomyelitis and Polioencephalitis	1
Cancer, malignant disease	509
Diabetes	16
Cerebral Hæmorrhage, etc.	351
Heart Disease	901
Other circulatory diseases	162
Bronchitis	198
Pneumonia (all forms)	168
Other respiratory diseases	46
Peptic Ulcer	42
Diarrhœa, etc.	35
Appendicitis	8
Other digestive diseases	45
Acute and chronic Nephritis	59
Puerperal Sepsis	1
Premature Birth	41
Other puerperal cases	2
Congenital debility, malformations, etc.	80
Suicide	38
Other violence	72
Other defined diseases	188

DETAILS OF CANCER DEATHS.

NOTTINGHAM.

International Classification.

		AGE-PERIOD AT DEATH.											
		0—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total
Buccal cavity and Pharynx	m.	—	—	—	—	—	—	—	3	8	7	8	26
	f.	—	—	—	—	—	—	—	—	1	2	2	5
Digestive Organs and Peritoneum	m.	—	—	—	—	—	1	5	10	36	51	26	129
	f.	—	—	—	—	—	1	2	13	21	40	54	131
Respiratory Organs	m.	—	—	—	—	1	1	2	12	30	12	3	61
	f.	—	—	—	—	—	—	2	4	3	7	5	21
Uterus	f.	—	—	—	—	—	—	4	3	8	7	5	27
Other Female Genital Organs	f.	—	—	—	—	—	—	3	4	5	4	2	18
Breast	f.	—	—	—	—	—	—	3	16	12	7	8	46
Male Genito-urinary Organs	m.	—	—	—	—	1	—	—	1	2	6	12	22
Skin	m.	—	—	—	—	—	—	—	—	—	1	—	1
	f.	—	—	—	—	—	—	—	1	—	—	—	1
Other or Unspecified Organs	m.	—	—	—	—	—	1	—	—	3	4	2	10
	f.	—	—	—	—	1	1	2	2	1	2	2	11
										TOTAL ..		509	

Birth-rate, General Death-rate, and Death-rates from the Principal Epidemic and from Tuberculous Diseases, per 1,000 of Population, and Infantile Death-rate per 1,000 Births.

NOTTINGHAM.

	Birth-rate per 1,000 living.	Death-rate per 1,000 living.	Infantile Death-rate.	Death-rate per 1,000 living from								
				7 principal Epidemic Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	"Fever" principally Enteric.	Diarrhoea.	Phthisis other Tuber- culous Diseases
1856-1860	36·8	27·2	209	5·98	0·21	0·80	1·08	0·13	0·76	1·02	2·00	3·22
1861-1865	34·8	24·9	192	3·83	0·09	0·43	0·98	0·12	0·51	0·78	1·09	3·19
1866-1870	31·3	23·8	200	4·34	0·07	0·44	0·73	0·09	0·51	0·92	1·57	2·78
1871-1875	34·1	24·9	192	4·30	0·79	0·31	0·53	0·02	0·26	0·84	1·53	2·42
1876-1880	34·6	21·7	175	3·00	0·00	0·35	0·62	0·03	0·43	0·34	1·06	1·85
1881-1885	36·6	20·9	174	3·22	0·06	0·41	0·77	0·12	0·46	0·31	1·09	1·99
1886-1890	30·4	17·9	168	2·39	0·01	0·42	0·11	0·06	0·45	0·31	1·04	1·52
1891-1895	29·5	18·3	174	2·50	0·01	0·35	0·23	0·08	0·41	0·26	1·12	1·76
1896-1900	28·9	18·5	191	2·66	..	0·46	0·10	0·10	0·36	0·32	1·22	1·86
1901-1905	27·7	17·2	170	2·22	0·01	0·38	0·09	0·19	0·31	0·20	1·01	1·74
1906-1910	26·1	15·8	152	1·64	0·00	0·33	0·05	0·13	0·27	0·11	0·75	1·70
1911-1915	22·9	15·1	137	1·61	..	0·36	0·06	0·11	0·21	0·05	0·83	1·57
1916-1920	19·1	16·0	113	1·02	..	0·25	0·02	0·19	0·17	0·01	0·37	1·62
1921-1925	20·4	12·9	90	0·65	..	0·16	0·02	0·06	0·13	0·01	0·26	1·17
1926-1930	17·5	13·6	88	0·68	..	0·05	0·02	0·20	0·11	0·00	0·30	1·14
1931	17·2	13·6	82	0·45	..	0·15	..	0·02	0·04	0·01	0·23	1·12
1932	16·4	12·5	80	0·35	..	0·02	..	0·03	0·12	..	0·18	0·97
1933	15·8	13·4	85	0·51	..	0·18	0·01	0·02	0·04	0·01	0·25	1·04
1934	15·6	12·3	69	0·33	..	0·06	0·02	0·02	0·07	0·00	0·15	0·89
1935	15·7	12·5	81	0·38	..	0·07	0·02	0·05	0·02	0·00	0·22	0·98
1936	15·2	13·2	89	0·46	..	0·08	0·02	0·09	0·09	0·00	0·18	0·93
1937	16·0	13·4	80	0·39	..	0·08	0·00	0·03	0·03	0·01	0·24	0·99
1938	15·6	12·7	71	0·22	..	0·03	0·01	0·01	0·04	..	0·13	0·83
1939	15·8	13·3	66	0·23	..	..	0·01	0·01	0·01	0·01	0·19	0·87
1940	16·5	15·5	61	0·17	..	0·02	0·00	0·04	0·02	..	0·09	1·03
1941	16·0	14·0	80	0·49	..	0·02	..	0·05	0·07	0·00	0·35	1·09
1942	18·2	13·1	62	0·32	..	0·05	0·00	0·04	0·05	0·00	0·18	0·89
1943	19·1	14·3	65	0·21	..	0·02	..	0·02	0·04	..	0·13	0·97
1944	21·7	13·3	56	0·38	..	0·01	0·01	0·01	0·04	..	0·31	0·84
1945	19·7	12·9	53	0·11	..	0·03	0·01	0·03	0·01	..	0·13	0·77
1946	22·0	12·5	42	0·19	..	0·02	0·00	0·02	0·02	..	0·05	0·71
1947	23·9	12·3	50	0·16	..	0·01	0·00	0·00	0·03	0·00	0·10	0·77
1948	19·8	10·9	44	0·17	..	0·01	..	0·01	0·03	..	0·11	0·78

Birth-rates, Death-rates, Analysis of Mortality, and Case-rates for certain Infectious Diseases in the year 1948.

(Provisional Figures based on Weekly and Quarterly Returns).

	England and Wales.	126 County Boro's. and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census).	London Administrative County.	NOTTINGHAM.
	Rates per 1,000 Population.				
BIRTHS :—					
Live	17.9	20.0	19.2	20.1	19.82
Still	0.42	0.52	0.43	0.39	0.47
DEATHS :—					
All Causes	10.8	11.6	10.7	11.6	10.9
Typhoid and Paratyphoid fevers	0.00	0.00	0.00	0.00	0.00
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	—	—	—	—	0.01
Scarlet fever	—	—	—	—	0.00
Whooping Cough	0.02	0.02	0.02	0.01	0.03
Diphtheria	0.00	0.00	0.00	0.01	0.01
Influenza	0.03	0.03	0.04	0.02	0.00
NOTIFICATIONS :—					
Smallpox	—	—	—	—	—
Scarlet fever	1.73	1.90	1.82	1.37	2.02
Diphtheria	0.08	0.10	0.09	0.10	0.14
Enteric fever	0.02	0.01	0.02	0.01	0.01
Erysipelas	0.21	0.23	0.21	0.22	0.16
Pneumonia	0.73	0.84	0.60	0.57	0.66
Measles	9.34	9.75	8.84	9.17	8.55
Whooping Cough	3.42	3.51	3.31	3.13	4.35
	Rates per 1,000 Live Births.				
Deaths under 1 year of age	34	39	32	31	44
Deaths from Diarrhoea and Enteritis under 2 years of age	3.3	4.5	2.1	2.4	5.9

INFECTIOUS AND INFECTIVE DISEASES.

NOTIFICATIONS.

The number of cases of notifiable infectious disease notified to the Medical Officer of Health as having occurred within the City of Nottingham **during 1948** is given in the following table :—

Civilians.

Disease.	Notifications.	Final numbers after correction.
Scarlet Fever	602	585
Whooping Cough	1,292	1,287
Acute Poliomyelitis and Polioencephalitis	8	8
Measles	2,540	2,540
Diphtheria	44	10
Acute Pneumonia	198	198
Dysentery	10	10
Smallpox	—	—
Acute Encephalitis Lethargica ..	—	—
Enteric Fever or Typhoid Fever ..	2	—
Paratyphoid Fever	—	—
Erysipelas	48	43
Cerebro-spinal Fever	17	—
TOTAL	4,761	4,681

The remainder of this section of the report relates to the period 1st January 1948 to 4th July 1948.

ADMISSIONS TO CITY ISOLATION HOSPITAL.

DISEASE.	Remaining at end of 1947.			Admitted 1/1/48 to 4/7/48.			Total Cases from 1/1/48 to 4/7/48.	Total Cases finally dealt with in that period.	Total deaths.	Case mortality % of Total Cases.	Days of average residence.		Remaining at 4/7/48.
	Sex.	No. of Patients.	Recovered.	Died.	No. of Patients.	Recovered.	Died.				Non-Fatal.	Fatal.	
Scarlet Fever ..	M.	12	12	..	48	48	..	60	53	..	..	..	7
	F.	7	7	..	60	60	..	67	63	..	..	..	4
Totals ..		19	19	..	108	108	..	127	116	..	23·5	..	11
Enteric Fever ..	M.	..	..	..	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..		..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria ..	M.	1	1	..	5	3	2	6	6	2	..	..	..
	F.	2	2	..	5	4	1	7	7	1	..	..	..
Totals ..		3	3	..	10	7	3	13	13	3	23%	45	3
Smallpox ..	M.	..	..	..	..	..	..	..	..	..	..	..	..
	F.	..	..	..	..	..	..	..	..	..	..	..	..
Totals ..		..	..	..	..	..	..	..	..	..	..	..	..
Other Cases ..	M.	15	15	..	105	90	15	120	115	15	..	..	5
	F.	8	7	1	109	89	19	117	109	21	..	..	8
Totals ..		23	22	1	214	179	34	237	224	35	14·3	15·7	13
TOTALS .		45	44	1	332	294	37	377	353	38	10·08	19·3	8·6

GENERAL.

There were 354 admissions including 22 female tuberculosis cases to the City Isolation Hospital. As in the past two years or so the admissions had to be limited on account of the grave shortage of nursing staff. Priority was granted on grounds of urgent medical or social need wherever possible.

Once again a welcome reduction in the number of diphtheria cases enabled us to dispense with a special diphtheria ward so that nursing staff engaged therein could be employed on other wards. The few diphtheria cases admitted during the above period were accommodated on the very small but useful cubicle ward. In the Annual Report for 1947 a plea to increase the amount of cubicle accommodation as soon as possible was made. This plea is now repeated in view of the much larger area which the hospital is expected to serve since the appointed day, 5th July, 1948. A very high proportion of the above admissions were treated in the cubicle ward referred to above.

Due to pressure on the beds of this ward it was often found necessary to discharge patients rather earlier than one would have liked. Failure to do so however would have meant greater hardship to other patients seriously ill or dangerously ill for whom practitioners had requested admission to hospital. Many patients suffering from several of the common infectious diseases can now however safely be discharged earlier than was possible some years ago thanks to the availability of the very potent sulphonamide drugs and antibiotics (penicillin, streptomycin, etc.). Were this not so the critical position occasioned by the shortage of nurses would be even more embarrassing.

Although many outstanding successes can be claimed within recent years in the treatment of Infectious Diseases there still remain several problems in this sphere of medicine, *e.g.* acute gastro-enteritis in infants, acute poliomyelitis and polioencephalitis, to mention only two. The magnitude of the problem of acute gastro-

enteritis of infancy cannot be accurately measured as this is not a notifiable illness as such. Whether compulsory notification would prove a useful preventive measure is debatable. Since the special gastroenteritis unit was opened several years ago at this hospital a large number of infants have been treated under one roof as it were, whereas formerly, several hospitals in the city had to cope with such cases, many of which are undoubtedly highly infectious. As a result of this concentration of cases of "D. and V." we are now in possession of a fair amount of local statistical data concerning this malady which can be so fatal to infants and young children.

This is an appropriate time to thank all members of the staff for their loyal support in helping to carry out the work of the hospital during these difficult times. Special praise is due to members of the nursing staff, resident and non-resident, whole-time and part-time, without whose co-operation often under trying conditions it would have been impossible for the hospital to function at all.

Smallpox.

There were no cases of Smallpox during the period under review.

Scarlet Fever.

108 patients suffering from scarletina were admitted for treatment between 1.1.48 and 4.7.48. All recovered. The average duration of hospital stay was 23·5 days. In six further patients originally suspected to be suffering from scarlet fever the diagnosis was not confirmed.

The vast majority of the scarlet fever patients were admitted to hospital on account of overcrowding at home which rendered home-treatment and isolation difficult. Coming into hospital at an early stage in the illness, antitoxin was administered in a high proportion of the patients whilst many received one or other of the sulphonamide drugs or penicillin as well. The rarity of complications in the cases under review can be attributed to the mild prevailing type of scarlet fever together with the administration of serum and sulphonamide drugs early on and in adequate amounts. Only one of the 108 cases required operation, viz. radical mastoidectomy to clear up a persistent ear discharge and to safeguard hearing. This patient, a girl aged 6 years, spent 84 days in hospital.

Diphtheria.

The lowest recorded number of diphtheria cases (10 in all) for the City of Nottingham having occurred as recently as 1947, the course of events during the first three months of 1948 was such that a less successful year appeared to be inevitable. In January 6 cases were admitted, 3 cases in February, and 1 case in March, making 10 in all. However, no more cases occurred up to the time of this report, viz. 4th July, 1948, (nor indeed up to the end of 1948).

None of the above 10 patients had been immunised against diphtheria. As two were adults and one was only six months old some excuse can be made for this omission. However, in the case of the other seven (3 of whom were pre-school and 4 school, children), their parents surely cannot justifiably claim to have been entirely ignorant of the existence of the diphtheria

immunisation scheme, either from a local or national standpoint. Unfortunately, 3 of the above 10 patients died, all from heart failure. Two of the fatal cases, a girl aged 5 years and a boy aged 4 years, died on the 7th day of illness, whilst the third patient to succumb on the 4th day of illness was an infant aged 6 months. This baby boy subsequently developed laryngeal complications due to diphtheria. In spite of a successful tracheotomy he died some 15 hours after the operation. Three of the above 10 cases were children of one family admitted within a few days of each other. One ended fatally.

In 25 persons suspected to be suffering from diphtheria, the diagnosis was not confirmed.

Enteric Fever.

No cases of typhoid or paratyphoid fever were admitted during the first six months of 1948, the period under review.

Meningococcal Meningitis (Cerebrospinal Fever).

Several patients suspected to be suffering from this disease were admitted but after observation and investigation the diagnosis had to be amended in **all** cases.

Tubercular Meningitis.

Three patients were found to be suffering from this dangerous form of meningitis. On 24.2.48 a young woman aged 20 years was admitted and within 48 hours bacteriological confirmation of the diagnosis of tubercular meningitis was forthcoming. As she was considered a suitable subject for streptomycin treatment it was decided to try to arrange for her transfer to one of the limited (at that time) "Streptomycin Centres". Urgent

telephone calls to several such centres proved unavailing. The patient died 6 days after admission (16th day of illness).

The second case of tubercular meningitis, a boy of $1\frac{1}{2}$ years, for whom streptomycin was not obtainable was admitted on 1.5.48. He died 8 days after admission (13th day of illness).

On 16.5.48 the third case, a girl aged 4 years, was admitted. Although not confirmed bacteriologically the diagnosis of tubercular meningitis was in little doubt. Here again streptomycin therapy was not available and the illness proved fatal 5 days after admission (17th day of illness).

A family history of pulmonary tuberculosis was common to all three patients, **the source of infection being either infective parents or grandparents living in the same household.**

Acute Anterior Poliomyelitis and Polioencephalitis.

Up to 4th July, 1948, only two patients had been admitted to hospital for this complaint. One a man of 27 years came from the City of Nottingham ; the other, a boy of 6 years, resided in the County of Nottingham. Both patients had fairly extensive paralyses of limbs, particularly the boy of 6 years, but in each case a fair amount of recovery took place early on before they were transferred to other hospitals for orthopædic treatment.

Erysipelas.

Only 1 case of erysipelas was dealt with during the six months under consideration.

Acute Gastroenteritis in Infants.

In the first six months of 1948 a total of 44 confirmed cases of acute gastroenteritis in infants and young children were admitted to the Gastroenteritis Unit. Unlike the corresponding period of last year when there was a marked preponderance of males, the sexes were equally affected, 22 of each sex being dealt with. There were 19 deaths making a mortality of 43·2%. The vast majority of these gastroenteritis patients were admitted during the first three months of the year and 14 of the 19 deaths occurred during this period. The average duration of hospital stay for non-fatal cases was 37·5 days and for fatal cases 14·2 days. It was found that seldom could a patient be discharged under three weeks and in some cases a much longer stay was necessary. Within recent years the summer prevalence formerly so notable has been less in evidence and outbreaks have occurred during any part of the year. Although the ages of these patients ranged from 4 weeks to 5 years, no less than 40 of the 44 cases were under 12 months old (and of these 40 cases, 32 were six months or under) ! **Another significant fact is that not a single exclusively breast-fed infant was to be found among the above patients.**

The bacteriological findings in the above patients again failed to throw much light on the causation of the type prevailing in Nottingham. Whilst there is no doubt as to the infectiousness of many of these cases, the infectivity of others is rather more obscure. Primary intestinal infections were met with whilst others showed forms of gastroenteritis which were secondary to disease elsewhere in the body. Several cases sent in suspected to be suffering from acute gastroenteritis proved to have dyspepsias (due to unsuitable feeding) whilst a small

number were found to have surgical conditions such as intussusception.

Relapses were a not infrequent occurrence amongst the patients dealt with on the gastroenteritis unit. Some "relapses" were probably instances of cross-infection; this in spite of the utmost care and supervision shown with the various isolation techniques employed. The provision of facilities for cubicle or chamber nursing (i.e. single room accommodation for each infant suffering from acute gastroenteritis) is now regarded as a necessity in order to ensure absolute isolation and eliminate cross-infection as completely as possible. Where this can be done mortality figures in respect of acute gastroenteritis show a very significant decline. The present gastroenteritis unit block is so constructed that only comparatively minor internal structural alterations would be required to convert it into "cubicles". It is **essential** that this work be carried out **as soon as possible** in order **to save valuable lives**.

Food Poisoning.

It is well known that a considerable amount of food poisoning occurs in the population, without coming to the official notice of the Medical Officer of Health, and as a result of experience since 1948 it is felt that many of the cases diagnosed as "food poisoning" without further investigation by the doctor in charge of the case, may quite well be mild cases of dysentery, and indeed Sonne dysentery has become very prevalent in recent years.

This infection is usually of a mild degree and as such is often neglected by patients who do not attend or call in the doctor.

During 1948 no severe outbreak of food poisoning was reported but ten isolated cases came to the notice of the Health Department and were investigated. There were no deaths caused by Food Poisoning.

In each case, as is often experienced, it was impossible to trace the infection to its source, or to isolate any organisms which may be responsible for the illness.

It is found that the chief difficulty in investigating these cases is that all the suspected food has been consumed, or in some cases any food which has been suspected has been disposed of.

Very often there is delay in notification of the conditions to the Health Department, leading to further difficulties in detection, since, by the time the investigation is started the illness has cleared up.

Of the outbreaks of a minor character a family of four was investigated and the suspected article of food was a trifle, made from a sponge sandwich which had been kept three days before making the trifle.

Once again the difficulty arose of tracing the organism concerned by the fact that all the food had been consumed.

One small outbreak affecting three nurses at the City Hospital, causing a mild attack of enteritis, was found to be caused by *bacillus aertryke*. Exhaustive investigations failed to find the source and the kitchen staff at the Hospital were found to be negative for this organism.

Several indefinite complaints were made in connection with School Meals, and in one instance it was found that meat made into a stew at one school, was heavily contaminated with organisms of a non-specific type, which

made the meat so unpleasant that it was fortunately refused by all those to whom it was offered.

In other cases where indefinite complaints were received bacteriological investigation failed to reveal any pathogenic organisms.

In investigating outbreaks of food poisoning, it has to be remembered that in many cases the source of infection is in the home ; unhygienic conditions and the access of flies to food may cause many isolated cases of infection which are difficult or impossible to trace to their origin.

Bronchopneumonia.

8 patients admitted suspected to be, but proved not to be, suffering from infectious illnesses were found to have acute bronchopneumonia. All were infants or young children. 6 ended fatally.

Measles.

48 cases of measles were admitted, the vast majority being children. Although a high proportion had complications and had been admitted for that reason, no deaths occurred.

Whooping Cough.

34 cases of whooping cough were admitted and of these 7 died. Here again most of these admissions had complications before arrival at the hospital.

Service Cases.

Only 2 service cases were treated during the first six months of 1948. One man aged 20 years was found to have influenza ; the other man aged 35 years had contracted a form of gastroenteritis.

Sanatorium Ward.

22 female patients suffering from pulmonary tuberculosis were admitted to Ward 6 between 1.1.48 and 4.7.48. As 15 other such patients were remaining on this hospital ward on 31.12.47, this makes a total of 37 patients on Ward 6. The nature of their illness necessarily made the above patients "long-stay" admissions.

MATERNAL AND CHILD
WELFARE.

MATERNAL AND CHILD WELFARE

The fall in the number of births which became apparent during the last quarter of 1947, continued throughout 1948. This decrease indicated that the raised birth rate, seen also after the end of previous wars, was returning to normal. An effect of this, not without importance, as the efficiency of a social service is proportionate to the quality of the staff, was the reducing of the strain seen during the war years and since on both Health Visitors and Midwives. The work done by both, with depleted numbers and despite all the difficulties of that time, is a matter for high commendation.

HEALTH VISITING SERVICE.

At the beginning of 1948, there were 13 full-time Health Visitors ; an insufficient number to carry out the requirements of the service. This situation was the result of difficulties of manpower and recruitment. It led at that time to restriction of work to essentials, e.g. visits of health visitors to recently born children—other visits being paid only when necessary.

With a heavy case-load due to the much increased number of births during the previous 18 months, the need for a full Child Welfare Service was urgent. As well as this, the approach of the National Health Service widening the responsibilities of the health visitor from the mother and child to all members of the family, meant

that many more health visitors were necessary to carry out the service. Happily, the situation had been foreseen and during the year 18 newly-qualified health visitors were absorbed into the service ; six from a training course held by the University College of Hull and twelve from the training course at the (then) University College of Nottingham. The increased health visitor strength enabled arrears of work to be reduced and made it possible for more sessions to be held at the Maternal and Child Welfare Centres. An additional Ante-Natal session and Infant Welfare session were added at the Basford Centre.

Training of Health Visitors. Reference has been made above to a training course at the University College of Nottingham. This course, organised in 1947 by the City Council, in conjunction with the Nottingham University College and the County Council of Nottinghamshire, provides for a selected number of State Registered Nurses with experience of midwifery to undergo three terms' training as health visitors.

The course, starting each October, is held at and administered by the University, by whom the pupil health visitors are granted certain privileges.

The lectures are given by a team who are experts in their various departments and at the end of the academic year, the students sit the examination of the Royal Sanitary Institute. The Corporation, in common with other Local Health Authorities, pays the pupils half the minimum salary for a qualified health visitor during training and requires that on qualifying they serve the Corporation for a further two years on full salary.

Arrangements for this training were made when it became evident that the requirements of the Corporation could not be met from other training centres. It was felt too that a City of the size and importance of Nottingham must make its contribution in training medical auxiliaries, especially as the University College was rapidly expanding, and expecting the full university charter, now granted.

Since 1940 the City Council, on the recommendation of the Health Committee, has taken part in a scheme for the training of health visitors, and during the war years arranged for training, with the Birmingham Health Department, of seventeen health visitors who were then recruited to the Nottingham Health Department staff.

In 1946 the requirements of the Birmingham Health Department precluded the taking of further pupils, and interim arrangements were made for six pupils from Nottingham to be trained at the University College of Hull.

In total, since 1947, twenty-two health visitors, financially assisted by the Corporation, have joined the Health Department staff. This number makes good a certain wastage, which occurs with any training centre when health visitors, who have completed their contract, seek posts in other areas.

Since the course has become established and has built up a reputation, it has provided training not only for the requirements of the City and the County Health Department, but has also trained health visitors from other Local Health Authorities.

SUMMARY OF THE WORK OF THE HEALTH VISITORS.

<i>Total number of home visits</i>	..	..	..	70,514
Primary visits ..	..	..	5,705	
Re-visits under 1 year ..	..	..	21,747	
Re-visits 1-5—years ..	..	..	42,844	
Other visits ..	..	..	218	

CHILD LIFE PROTECTION.

Duties in connection with children fostered for reward or placed for adoption passed from the Health Committee to the Children's Committee on the 5th July, 1948.

By arrangement with the Children's Officer, the monthly visits to foster children under the age of five years were undertaken by the health visitors on behalf of the Children's Officer.

DOMICILIARY MIDWIFERY SERVICE.

The decrease in the number of births conducted by City Midwives during 1948, coupled with the accession of new entrants to the service, brought nearer normal working conditions.

Home Conditions and overcrowding in many of the cases still continued to give rise to considerable anxiety and women who normally would have been confined at home had to be sent to the City Hospital as social emergencies. Though each case was investigated individually before any recommendation for hospital confinement was made, the numbers were still so high that many had to be delivered at home.

Blood Examination. New arrangements for the examination of specimens of blood of **all** pregnant women attending the Ante-Natal Clinics began in September, 1948.

The specimen is sent to the Regional Blood Transfusion Centre, Sheffield, for examination which includes the important Rhesus factor grouping as well as the usual tests for blood infection which have been carried out for some time past.

The Obstetric Flying Squad operates from the City Hospital and this valuable service is available, for complications arising in midwifery in the home, at short notice by day and by night. This service gives a great sense of security to the patient and adds to the efficiency of the midwife.

The Training of Pupil Midwives from The Firs Maternity Hospital continued in accordance with the requirements of the Central Midwives Board. Each pupil midwife must spend 3 months during her training on the district, and this training is carried out under the instruction of certain Domiciliary Midwives who are approved as district teachers by the Central Midwives Board. Altogether, 38 pupil midwives were trained during the year.

Nitrous Oxide and Air Analgesia was not started in the Domiciliary Midwifery Service during 1948. The need for this aid to midwifery was evident and plans were laid for the commencement of this service during 1949. On the staff during this year, were 11 midwives who had been trained in the use of "Gas and Air" and several machines were acquired. The full effect of these preparations will not be felt until 1949.

Blood Pressure Recording by midwives is an essential part of their duties if they are to detect early signs of toxæmia

of pregnancy. The apparatus for measuring blood pressure had of course been available for a long time at the Ante-Natal Clinics but it was decided that all midwives should have access to this apparatus and during 1948 a sufficient number was obtained so that they could all use it if necessary.

Mass Radiography X-Ray Examination. The arrangement whereby all women attending Ante-Natal Clinics are referred for chest examination to the Centre in Postern Street was continued. This examination is an essential part of Ante-Natal care and it was disappointing to find that a large proportion of women referred did not take advantage of the facilities offered. So important are these examinations considered that strenuous efforts are being made to persuade more women to undergo them and to make their attendance as expeditious and as comfortable as possible.

The Maternal Mortality Rate for 1948 is $\cdot 49$ per 1,000 live and still births. This is a very encouraging feature, is the lowest rate ever attained in the City since records were kept, and compares with $1\cdot 26$ for 1947 and $2\cdot 5$ for 1942.

STATISTICS.

Total No. of Births	..	..	..	..	5,887
Born in Hospital	..	..	..	2,540	
Born at Home	..	..	..	3,005	
Born in Nursing Homes		..	..	342	

The falling birth-rate and the rising number of confinements in hospital had the combined effect of reducing the number of home confinements, there being 728 fewer cases conducted than in 1947.

Midwives notifying intention to practise	..	..	121
Midwives practising at the end of the year		..	94
Midwives ceased to practise	..	..	27

DISTRIBUTION OF MIDWIVES IN ACTIVE PRACTICE.

Domiciliary Service	..	..	36
City Hospital	..	..	21
Firs Hospital	..	..	9
Women's Hospital	..	..	14
Nursing Homes and Nursing Co-operations	..	..	9
Voluntary Bodies	..	..	1
Private Practice	..	..	4
		—	94

WORK OF THE CITY MIDWIVES.

Deliveries.

Number of cases delivered as Midwives	..	..	2,613
„ „ „ „ Maternity Nurses		..	250
		—	
			2,863
		==	

Visits to Mothers.

Ante-natal	..	..	..	..	15,840
Post-natal	..	..	..	..	49,077
Special	..	..	..	..	2,551
				—	
Total	..	..	..	..	67,468
				==	

DUTIES PERFORMED BY THE SUPERVISORS OF MIDWIVES.

Visits to expectant mothers	..	..	..	310
Post-natal visits to mothers	..	..	..	136
Visits concerning stillbirths	..	..	..	33
„ „ Puerperal Pyrexia	..	..	..	16
„ „ Pemphigus	..	..	..	6
„ „ other skin conditions	..	..	..	22
„ „ premature babies	..	..	..	19
Visits of inspection to midwives	..	..	..	202
„ „ to midwives in Nursing Homes	..	..	..	11
„ „ to Nursing Homes	..	..	..	18
Interviews concerning arrangements for confinement				586

ATTENDANCES AT CENTRES.

MOTHERS.

District.	No. of Sessions.	New Patients.	Return Visits.	Post Natal Visits.	Total Attendances.	Approx. Average per Session.
Aspley ..	100	485	2,290	93	2,868	28·7
Bulwell ..	51	319	1,353	35	1,707	33·5
Basford ..	51	276	1,208	68	1,552	30·5
Edwards Lane	48	216	897	50	1,163	24·2
Huntingdon Street ..	100	722	2,570	93	3,385	33·9
Radford ..	152	783	3,454	135	4,372	28·8
Sneinton ..	103	534	2,393	97	3,024	29·3
Wilford Road	103	429	1,883	76	2,388	23·2
Totals ..	708	3,764	16,048	647	20,461	27·9
Consultant Clinic ..	51	565	296	(18)	861	17·

INFANTS.

CENTRE.		Sessions.	New Cases.	Attend- ances.	Average Attendance.
Aspley ..	..	150	509	9,081	60.5
Basford	..	51	235	3,902	76.6
Bulwell ..	..	73	359	6,369	87.2
Edwards Lane	..	99	298	5,320	53.7
Huntingdon Street		104	437	7,026	67.5
Hyson Green	..	100	447	7,418	74.18
Jarvis Avenue	..	52	196	4,300	82.6
Lenton Abbey	..	51	52	1,425	28.0
Radford	..	150	655	10,808	72.5
Sneinton	..	104	546	6,605	63.5
Wilford Road	..	103	438	7,344	71.3
<hr/>					
Total	..	1,037	4,172	69,598	67.1
<hr/> <hr/>					

TODDLERS.

CENTRE.		Sessions.	New Cases.	Attend- ances.	Average Attendances.
Aspley ..	..	48	—	492	10.25
Basford	..	21	—	276	13.1
Bulwell ..	..	29	17	430	14.8
Edwards Lane	..	52	4	643	12.3
Huntingdon Street		26	—	358	13.7
Hyson Green	..	—	—	2*	—
Jarvis Avenue	..	47	—	321	6.8
Lenton Abbey	..	—	1	96*	—
Radford	..	52	—	801	15.4
Sneinton	..	24	2	317	13.2
Wilford Road	..	25	1	346	13.8
<hr/>					
Total	..	324	25	4,082	12.6
<hr/> <hr/>					

*Attended at Infant sessions.

<i>New cases attending at Infant Welfare Centres</i>	..	4,197
Children up to 1 year ..	..	4,098
Children from 1–5 years	..	99

<i>Total attendances of all children up to 5 years</i>	..	73,680
Children up to 2 years	.. ..	69,598
Children from 2–5 years	..	4,082
<i>Number of Child Welfare Sessions held at 11 Centres</i>	..	1,361
Infant clinics	.. ..	1,037
Toddlers clinics	.. ..	324
<i>Number of Sessions held weekly</i>	.. ..	28
Infant clinics	.. ..	22
Toddlers clinics	.. ..	6

REQUIREMENTS OF CENTRAL MIDWIVES BOARD.

NOTIFICATIONS BY MIDWIVES TO LOCAL SUPERVISING AUTHORITY.

Stillbirths : Acting as midwives	.. ..	44
Deaths of babies do.	.. ..	26
Deaths of babies : Acting as maternity nurses		3
Institution of artificial feeding	.. ..	152
Liability to become a source of infection	..	7

MEDICAL AID CALLS TO DOCTORS FROM MIDWIVES.

	City Midwives.	Private Midwives.	Nursing Homes.	Total.
For mother	.. 730	16	6	752
For child	.. 121	2	7	130

Medical aid was sought for the following conditions :—

MOTHER :—

Abnormal presentations	..	32	
Ruptured perineum	..	376	
Prolonged labours	.. ..	107	
Ante-partum hæmorrhage	..	33	
Port-partum hæmorrhage	..	19	
Retained placenta	.. ..	23	
Abortion and miscarriage	..	38	
Pyrexia	.. ..	31	
Other conditions	.. ..	93	
		—	Total 752

CHILD.:

Prematurity	..	..	28	
Jaundice	..	..	7	
Deformity	..	..	8	
Eye discharges	..	..	7	
Other conditions	..	..	80	
			—	Total 130

DETAILS OF NOTIFICATION OF PUERPERAL PYREXIA.

Cases Notified	Admitted to Hospital.	Cases arising in Hospital.	Nursed at Home.	Deaths.	Notification Age Groups.			
					15-20	20-25	25-35	35-40
48	6	40	2	—	2	19	24	3

MATERNAL MORTALITY.

		From Sepsis.	From Other Causes.
Deaths in the City	..	1	2

INFANT MORTALITY.

The infant mortality rate for 1948 is 44, which is gratifying after the rise to 50 in 1947, following upon the record low rate of 42 in 1946.

Deaths of all children under 1 year .. 261

Of these deaths, 121 were under 1 month old, equalling 46% of the total deaths under 1 year of age. This compares favourably with the fact that the neo-natal deaths in the previous year formed 57·8% of the total infant deaths in the City.

The 121 neo-natal deaths are made up as follows :—

Prematurity	..	..	..	41
Congenital malformations	..	..	..	25
Atelectasis	..	..	..	20
Pneumonia	..	..	..	8
Birth injury	..	..	..	7
Other causes	..	..	..	20

Of the remaining 140 deaths (between 1 month and 1 year), the following are noteworthy causes of death :—

Pneumonia	..	..	..	74
Gastro-enteritis	..	..	..	33

One-third of the Gastro-enteritis deaths, as in 1947, occurred in the period 1-3 months, demonstrating once more how dangerous it can be to transfer from breast to artificial feeding, as happens so frequently in this age group.

OPHTHALMIA NEONATORUM.

The details of notified cases of ophthalmia neonatorum are given in the following table. All cases dealt with at home are visited by a nurse who makes these duties her special provision and who works closely in association with the doctors and midwives and with the Eye Infirmary for those cases needing institutional care.

Cases notified by		Treated		Total visits paid to homes.	Results in all cases.
Institutions.	Doctors and midwives.	In Hospital.	At Home.		
12	59	6	65	2,507	Vision unimpaired.

HOME FOR UNMARRIED MOTHERS.

I and 95 Queen's Drive.

This home, which is run in conjunction with a Nursery, exists for the purpose of mothers caring for their babies, with the object of restoring women, as mothers, within the community.

During the year, 16 girls and 9 babies were admitted. The health of both mothers and babies was good, and no infectious disease occurred.

The result of the work carried out is summarised below :—

Mothers who returned home with their babies	..	5
„ „ found situations with their babies	..	2
„ „ married the fathers of the babies	..	2
„ „ returned home before delivery	..	1
„ „ absconded from the home before delivery		1
„ „ absconded from the home with their babies		1
„ „ went to work and baby admitted to residential home	.. ..	1
Special case returning home (epileptic)	.. ..	1
Babies adopted	.. .. ..	2
		<hr/> 16
Stillbirths	.. .. ..	1
Affiliation orders obtained	.. ..	4

The home has accommodation for 10 mothers and babies at any one time. The average length of stay of the girls is 48 days before the birth of the child and 83 days afterwards, so that the educational influence of the home is brought to bear for a fairly considerable period.

DAY NURSERIES.

There continues to be a great demand for nurseries. The total attendances at the eight Municipal Nurseries are considerably higher than in 1947. Measles—in all, 112 cases—severely depleted 3 nurseries in particular. Whooping Cough also occurred but not to the same extent as measles. Both these diseases have a high mortality risk for children of nursery age.

The eight Nurseries have a combined number of approved places for 121 children aged 0-2 years and 196 for children aged 2-5 years.

Training of students for the certificate of National Nursery Examination Board is carried out in close association with the Education Department. The results achieved are excellent. Only one student failed to pass out of 14 students at the October examination 1948.

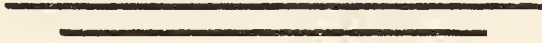
The total attendances in Municipal Nurseries were as follows :—

Children 0 — 2 years	..	..	21,055
„ 2 — 5 „	..	..	36,568
			<hr/>
Total	..	..	57,623
			<hr/> <hr/>

This shows an increase of 1,475 attendances over the 1947 figures.

In addition to the eight Municipal Day Nurseries, there are two run by voluntary organisations, with a combined number of approved places of 18 for children aged 0-2 years and 56 for children aged 2-5 years.

NURSING HOMES



NURSING HOMES

The number of Nursing Homes which had been registered under Section 187 of the Public Health Act, 1936, was 11. Of these, two have been registered during the year. There were no cancellations of registration under Section 188 of the Act, but one registration was withdrawn when the Nursing Home in question ceased to function as such.

There were no refusals of application for registration.

All registered homes were inspected during the year and found to conform with the regulations and conditions of the original registration. All were being run on satisfactory lines.

The Nursing Homes provide 34 beds for maternity cases and 45 beds for other purposes.

HOME NURSING SERVICE

HOME NURSING SERVICE

The Council made agency arrangements under Section 25 of the National Health Service Act 1946 with the Nottingham District Nursing Association.

All cases of sickness and injury are undertaken and patients visited monthly, weekly, daily and even thrice daily if necessary.

Since 5th July, the work has increased considerably and 95,026 visits have been made to 2,310 cases.

The staff on December 31st 1948, consisted of :—

Superintendent.

Assistant Superintendent.

25 Staff Nurses.

The change-over was effected so smoothly that few of the public were aware of it and the co-operation between the Association and the Local Authority is most satisfactory.

VACCINATION
AND IMMUNISATION

VACCINATION AND IMMUNISATION

Diphtheria Immunisation.

CHILDREN UNDER 5.

Children in this group are immunised either at Maternity & Child Welfare Clinics, or by doctors (chosen by parents) taking part in the Authority's arrangements.

CHILDREN OF SCHOOL AGE.

Children in this group are immunised at school clinics or by doctors chosen by the parents.

Number of children who completed a full course of Primary Immunisation in the period 5th July to 31st December.		
Age at date of Final Injection.		Total.
Under 5.	5—14	
2,732	596	3,328

Total number of children who were given a secondary or reinforcing Injection.
During 6 months ending 31st Dec., 1948.
2,005

Vaccination.

Medical arrangements in respect of vaccination are the same as those in operation for immunisation.

The public are kept constantly informed of the facilities provided for free vaccination.

Number of persons vaccinated (or re-vaccinated) during period :—

Age at 31st Dec., 1948	Under 1 1948	1-4 1944 to 1947	5-14 1934-1943	15 or over before 1934	Total.
No. Vaccinated ..	627	30	8	29	694
No. Re-vaccinated	—	2	2	35	39

CITY AMBULANCE SERVICE

CITY AMBULANCE SERVICE

In the City of Nottingham, the management of the Ambulance Service is undertaken by the City Transport Department, and Mr. Ben England, who is the General Manager of the City Transport Department is also the General Manager of the Ambulance Service and is directly responsible to the Health Committee for its administration.

Mr. England contributes this section of the Report.

This report, which is the first annual report on the Nottingham City Ambulance Service, covers the period from the 5th July 1948 until 31st December 1948.

The inception of the National Health Service has brought about considerable change in and expansion of the ambulance arrangements; prior to the 5th July 1948 two ambulances were controlled by the Isolation Hospital, four by the City Hospital, three ambulances and two cars by the Ministry of Health under the Emergency Medical Service scheme and five ambulances by the City Police, the last-named dealing with road accidents, industrial and other accidents, and sudden illnesses, as well as hospital admissions, discharges, and outpatients.

In addition to the journeys undertaken by the above-mentioned ambulances, the Hospital Car Service, a body of private car owner-drivers, during 1947 transported 1,654 patients over a distance of 23,872 miles. The St. John Ambulance Brigade had five ambulances, three full-time driver-mechanics, and some voluntary personnel,

and transported 4,139 patients over 26,126 miles during the same year. The Hospital Car Service ceased to operate as from the 5th July 1948, and from the same date the St. John Ambulance Brigade worked in conjunction with the Nottinghamshire County Council Ambulance Service. The transport of these additional 5,793 patients therefore fell upon the City Ambulance Service and its then inadequate resources.

A total of seventeen male ambulance driver-attendants were employed for the operation of the ambulances transferred to the City Ambulance Service. From this figure it will clearly be seen that the ambulances were not fully staffed.

The Ambulance Service is responsible for the transport of any patient needing ambulance or sitting-case car conveyance from anywhere within the city boundary to any point to which a patient has to travel, either inside or outside the city boundary. Prior to the inception of the National Health Service Act 1946 on 5th July 1948, few long distance journeys were undertaken, and it would be reasonable to say that most persons living in the county areas and distant towns would have been not only brought to hospital by their local ambulance resources but also taken home by those same means. As Nottingham City is a hospital centre, the duty of transporting all discharged patients in need of transport has fallen upon the City Ambulance Service.

Staff.

The staff comprises an Ambulance Superintendent, a Deputy Ambulance Superintendent, a Control Clerk, and a shorthand-typist.

Employees.

From the foregoing information it will easily be realised that the small number of driver-attendants employed at the outset would not suffice, and steps were taken immediately to recruit. Owing to the nature of the work, the high standard of driving required, together with necessary standards in physique, bearing, and appearance it has not been found possible, even yet, to secure sufficient to fill our needs.

Ambulances.

The vehicles transferred were mostly old, six of them being ten or more years old ; in consequence, abnormal maintenance and repairs have had to be undertaken.

As the ambulances previously operated by the St. John Ambulance Brigade had been included in the Nottinghamshire County Ambulance scheme, it was necessary to order five vehicles to be delivered by the 5th July to do the work of those vehicles. These were reconditioned vehicles from the Armed Forces : they were not delivered to the promised delivery dates, and in the meantime provisional arrangements were made to secure three Ford left-hand drive ambulances and two sitting-case cars previously operated by the Emergency Medical Service of the Ministry of Health. Later the purchase was approved by that Ministry.

Five new Humber ambulances have been ordered and, if delivered according to promised dates, should all be in service before the end of 1949.

Sitting-case Cars.

Experience had proved that it was necessary to have available additional sitting-case cars, and approval was

given for the purchase of up to three cars. One second-hand car has been purchased and will be put into service very shortly.

Hire of Supplementary Transport.

Supplementary transport for the conveyance of sitting patients has been hired, as follows, from the Corporation Central Garage :—

Month.				Patients.	Miles.
July	..	..	..	18	39
August	..	..	..	2	11
September		..	..	187	935
October	..	..	..	469	3,678
November	..	..	..	456	3,810
December	..	..	..	496	4,320
				1,628	12,793

Ambulance Garages.

In order to fill the need for a City Centre Garage, dealing mostly with accident and emergency calls, considerable alterations, repairs, and decorations have been carried out at the Old Fire Station in the Guildhall Yard. Adjoining the garage accommodation is a small room which has been fitted up as a duty room for the ambulance driver-attendants.

The ambulances previously operated by the Isolation Hospital and by the City Hospital are still garaged at the hospitals as they were prior to the 5th July 1948. The driver-attendants' duty room, in each instance, is very close to the ambulances.

The remaining vehicles are operated from and are stationed by day at the Parliament Street Depot of the

City Transport Department. In the same building are the Ambulance Control offices, and a duty room for the driver-attendants. At night, in addition to the above, some vehicles are garaged at the New Fire Station, Shakespeare Street, and some in a trade garage.

Equipment.

Few of the ambulances when taken over had any equipment other than stretchers and blankets. Each ambulance has now been equipped with a first-aid box and splints. Other necessary fittings will be obtained as soon as possible.

The training of employees.

All driver-attendants are trained in the operation of the Novox resuscitation apparatus, and are conversant with the types of cases in which they are likely to have to use it.

In co-operation with the St. John Ambulance Brigade a course in first aid to the injured has been arranged and a number of our employees are attending.

Co-operation with Police and Fire Services.

The Service, at all times, works in the closest co-operation with Police and Fire Services, and there are standing orders for the notification of calls from one service to the other, should it be considered that the other services ought to be notified and perhaps asked to attend an incident.

Co-operation with other Authorities.

Arrangements are in operation with other ambulance-scheme-making authorities for reciprocal assistance in

the emergency use of ambulances and personnel in the event of disasters or other emergencies ; also for the mutual economical transport of patients over each other's territory.

Table of Details of Journeys made on behalf of Other Authorities.

Authority.	Patients.	Miles.
Notts. County Council ..	1,893	21,383
Derbyshire County Council ..	86	1,442
Lincs. County Council ..	1	40
Leicester County Borough ..	2	55
Sheffield County Borough ..	3	124
	1,985	23,044

Mileage and Patients.

During 1947 a total of 22,829 patients were transported over a distance of 183,145 miles by the ambulances and sitting-case cars then operating in the city. This included 5,793 patients over 49,998 miles by the St. John Ambulance Brigade and by the Hospital Car Service.

Journey details for Services in operation in Nottingham City during 1947 :—

Service.	Patients.	Miles.
Hospital Car Service ..	1,654	23,872
City Police ..	9,529	55,201
City Hospital ..	5,763	40,452
City Isolation Hospital ..	1,429	7,215
Emergency Medical Service ..	315	30,279
St. John Ambulance Brigade ..	4,139	26,126
Total for year ..	22,829	183,145

During the period covered by this report (5th July to 31st December, 1948) the Nottingham City Ambulance Service transported 23,301 patients over a distance of 147,317 miles, so that in less than six months the Nottingham City Ambulance Service has transported 472 more patients than were carried by the combined services during the year 1947, and the carrying of that number of patients by the running of 35,828 fewer miles is, I think, probably due in a considerable measure to the more economical and efficient use of mileage by the combination of the ambulance resources.

Journey details for the Nottingham City Ambulance Service for the period 5th July—31st December, 1948.

Month.				Patients.	Miles.
1948.					
July	..	..	..	2,942	16,320
August	..	..	..	3,442	20,070
September		..	..	3,909	23,981
October	..	..	..	4,257	28,590
November	..	..	..	4,467	29,206
December	..	..	..	4,284	29,150
				23,301	147,317

Many long distance journeys have been undertaken, including journeys with patients to the following places :—

Sheffield (16 times)

London (8 times)

Leeds (3 times)

Ilkley

Oxford

Colchester

Chalfont St. Giles

Grimsby

Malmesbury, Wilts.

Summary of Staff.

At 31st December 1948, the Ambulance Service consisted of the following :—

Officials	..	..	..	4
Employees	..	..	..	45
Ambulances	..	..	..	19
Sitting-case Cars	..	..	..	3
Ambulance garages	..	..	..	4

TUBERCULOSIS



TUBERCULOSIS

The treatment of Tuberculosis is now the responsibility of the Regional Hospital Board and the Local Health Authority has the duty of providing for means of prevention and the “after-care” of persons suffering from tuberculosis.

REPORT OF THE SENIOR CHEST PHYSICIAN.

During the period January to July 1948 the Forest Dene and Greendale House premises were satisfactorily merged into one unit. Since in the future chest conditions other than tuberculosis will to an increasing extent be dealt with this unit is now known as the “Forest Dene Chest Clinic”.

For the sake of simplicity the accompanying figures relate to the work done at “Forest Dene” during the year 1948 *as a whole*. It will be observed that in 1948 the death rate for respiratory tuberculosis per 1,000 of the population was 0·67 as compared with 0·65 for the previous year and 0·76 the average for the previous ten years. The number of persons on the clinic register now exceeds 3,000 and the annual attendances by patients for all purposes now exceed 13,000.

Work of the Tuberculosis Clinic—“Forest Dene”—1948.

Number of persons on the clinic register 1.1.48	2,791
New patients examined during the year excluding contacts	1,765
Contacts examined during the year	802
Cases returned after having been lost sight of and cases transferred from other areas	41
	—————
	2,608
	—————
	5,399

Cases written off the register as " recovered "	74	
Patients written off as found to be non-tuberculous or notified in error	1,925	
Transferred to other areas or lost sight of ..	133	
Deaths	214	
	<hr/>	2,346
Number of persons on the clinic register 31.12.48		<hr/> <hr/> 3,053

	Pulmonary.	Non-Pulmonary.	Total.
A. New cases (excluding contacts).			
(a) Definitely tuberculous ..	590	61	651
(b) Diagnosis not completed ..	—	—	—
(c) Non-tuberculous	—	—	1,925
B. Contacts.			
(a) Definitely tuberculous ..	32	—	32
(b) Diagnosis not completed ..	—	—	—
(c) Non-tuberculous	—	—	770
C. Cases written off the register as :			
(a) Recovered	63	11	74
(b) Non-tuberculous including cases notified in error and cancelled	—	—	1,925
D. Number of cases on the clinic register 31.12.48	2,726	327	3,053

	Total.
Number of consultations with Medical Practitioners ..	2,275
Number of visits by Tuberculosis Officers to homes including personal consultations at homes	151
Number of visits by Health Visitors to homes ..	7,320
Number of X-Ray films taken at clinic	4,631
Number of X-Ray screen examinations made ..	4,116
Sputum Specimens sent to the laboratory	1,085

Number of attendances by patients at the clinic for :

(a) Examinations	..	..	4,450
(b) X-Ray	..	..	4,631
(c) Treatment	..	..	3,349
(d) Blood tests	..	..	494
(e) Intradermal tests		..	85
Total attendances for all purposes			<u>13,009</u>

ANALYSIS OF CASES ON CLINIC REGISTER ON 31/12/48.

Type.	Pulmonary.				Non-Pulmonary.				Total.	Grand. Total.
	Adult.		Child.		Adult.		Child.			
	M.	F.	M.	F.	M.	F.	M.	F.		
Class T.B.										
Minus	..	1,027	1,075	128	131	—	—	—	—	2,361
Class T.B.										
Plus	..	101	247	2	15	—	—	—	—	365
Non-										
pulmonary		—	—	—	—	86	134	61	46	327
										<hr/> 3,053

ANALYSIS OF TREATMENT GIVEN AT FOREST DENE.

I. Artificial Pneumothorax and Artificial Pneumoperitoneum.

Patients in Attendance on 31.12.48.		Number of Attendances.		Total Attendances.
M.	F.	M.	F.	
61	84	1,355	1,994	3,349

SUMMARY OF TUBERCULOSIS STATISTICS.

Tuberculosis death-rate (Nottingham).

Ten years' average, 1938-1947.

Respiratory only	..	..	0·76
All forms of Tuberculosis	..	..	0·89

For 1948.

Respiratory only	..	..	0·67
All forms of Tuberculosis	..	..	0·78

New Cases. (Including primary notifications, cases not notified during life but first intimated by death returns, and transfers from other areas) :—

			Males.	Females.
Pulmonary	..	..	350	314
Non-pulmonary	..	..	27	45

Deaths.

Pulmonary	..	..	113	86
Non-pulmonary	..	..	16	18

ULTRA VIOLET RAY CLINIC



ULTRA VIOLET RAY CLINIC

The clinic in Heathcoat Street still remains the responsibility of the Corporation and provides treatment by artificial sunlight. The persons treated are referred by medical practitioners and the treatment is administered under medical supervision. Paying patients are accepted from the City and County.

<i>Total number of Patients Treated</i>	..	..	630
Males	..	..	279
Females	..	..	351
 <i>Total number of Treatments Administered</i>	..	..	11,252
 <i>Number of Paying Patients</i>	..	..	259
City	..	..	238
County	..	..	21
 <i>Free Patients (M. & C.W.)</i>	..	..	374

ALMONERS' SECTION



ALMONERS' SECTION

No reference is made in this report to a considerable amount of work done by the present staff, and those transferred during the year to the Regional Hospital Board, in connection with work which is now the responsibility of that body.

The Nottingham Health Department Almoners, like many other officials, have been greatly affected by the National Health Service which came into operation on the 5th July, 1948. On this date, the City Hospital Almoners were transferred to the Regional Hospital Board and the allowances which had been paid to certain tuberculous patients under the supervision of the Chest Centre Almoners became the responsibility of the National Assistance Board. At Heathcoat Street—the head office—the work with patients requiring reductions in midwifery fees, with pregnant women unable to afford the full cost of dentures, with the prevention of blindness cases and the work with the Blind Institution regarding blind welfare, has all come to an end.

The Section is now reduced to two almoners—one working at Forest Dene Chest Centre and one at Amberley House V.D. Clinic, with 32 Heathcoat Street as an interviewing centre.

It is hoped that it will be possible to develop the medico-social work under Section 28 of the National Health Service Act, especially in the care of the chronic sick and in the after-care of hospital patients. In this field almoners can give the help for which they have been specially trained now that they have been largely relieved of duties in connection with assessment.

Apart from the transfer of the allowances paid under Memorandum 266/T, the work at Forest Dene Chest Centre has continued on much the same lines as in previous years. Patients are assisted in the payments for bed and bedding, medical comforts, extra nourishment, clothes, milk, domestic help, laundry grants, and convalescence, through the Corporation Care Funds. Since 5th July, help with certain items—the cost of glasses and dentures, and pocket money—has been discontinued. The almoner works in close co-operation with the Disabled Resettlement Officers before and for many months after a patient returns to work. A hope for the future is an Occupational Therapy Centre for tubercular people in Nottingham, so that those who are not able to do permanent work will be able to find a pastime in hand-work of various kinds.

At the Venereal Diseases Centre, although the centre with its staff (except the almoner and her clerk) has been transferred to the Regional Hospital Board, the work amongst women and children has continued much as before. There were fewer cases than in 1947; this was to be expected since conditions were more settled than during the war and the immediate years following it, and have given the almoner more time for following up patients and for social work.

All patients suffering from early syphilis are carefully supervised and special attention has been paid to pregnant women—not only for their sake but for the sake of their babies. A considerable amount of medico-social work has been done amongst the mothers, married and unmarried, of illegitimate children.

Now that Regulation 33B has come to an end, there is no machinery to compel the habitual offender to attend for treatment and the incidence of default amongst these patients, before they have completed treatment, is lamentably high.

Two conferences were attended by Almoners ; one was a week's refresher course organised by the Institute of Almoners held in the spring at Offley, and the other was a weekend course on V.D. organised by the Women Public Health Officers' Association, held in August at Oxford.

In many ways, the work of the Almoner with a Local Health Authority is in an experimental stage. Much can be done in the medico-social field for the welfare of the sick and convalescing, outside the four walls of a hospital. Much basic work in this field is already being done in Nottingham, but only the passage of time will show the need of the work and where best it can be supplied. The field of opportunity is large, and when the effects of the transfer of functions are fully appreciated and adjustments completed, the true role of the almoner with a Local Health Authority will become clear and her important status established.

HOME HELP SERVICE



HOME HELP SERVICE

During 1948 and particularly since the commencement of the National Health Service Act 1946, the Home Help Service has become much more widely known and consequently the demand for help in all types of cases has grown in proportion. The Act also widened the scope of the Service by defining additional categories to which help could be supplied, such as to mothers with several small children under school age, to homes where there is a mentally defective child or adult, or to cases of illness where extra care and attention is needed.

The Hospital Management Committees, Chest Centres and Institutions continue to make extensive use of the service for patients both before and after treatment. Tuberculosis cases have been provided with help before entering a Sanatorium—thus enabling them to have the necessary rest so essential to recovery.

Expectant mothers are applying for help far more frequently than in the past, helped in many cases by the Attendance Allowance of £1 weekly for four weeks which can be claimed from the Ministry of National Insurance. The period of help required at this time varies from 3 hours daily to full daily help (8 hours) for two or four weeks according to the needs of the patient. An extension is given if further help is essential.

Old Age Pensioners continue to make applications for help in the home, or with shopping, or in times of illness. Frequently these applications are received indirectly through Voluntary Organisations, or from other agencies who come across these people in the course of their work. Old people are extremely grateful for any help supplied

and at the same time are usually most anxious to make some small contribution towards the payment for help. Many of them look on the Home Help as a good friend, who will help them in so many different ways such as doing shopping, mending, accompanying some of them to hospitals or clinics for treatment and in fact doing all the numerous little kindnesses a relative would normally undertake.

The visiting of all cases making application for help is an essential part of the Organiser's duties, particularly when the application has been made through another organisation. The number of cases requiring home visits has increased in proportion with the larger number of applications received ; for example, it is found that expectant mothers and sick persons frequently write to the Organiser asking for a home visit in order to save them the exertion of travelling into the City. It is not yet possible for all routine or check up visits to be made as often as is desirable, but it is anticipated that during the coming year this difficulty will be overcome.

There is still a strong tendency amongst those patients who are able to afford it, to persuade the Home Help to remain in the household permanently after the emergency is over. Fortunately, this loss is usually offset by new persons interested in becoming Home Helps, offering their services. Consequently, the number of helps on the register steadily increased throughout the year. It is still not possible to meet the demands made by all applicants for help, but every effort is made to satisfy urgent needs—particularly for confinement cases—although some of these applications are unnecessarily delayed and are not received until the birth of the child.

It is still extremely difficult to recruit sufficient helpers. A number of suitable women would, however, be available if their small children could be accepted into Nursery Schools, but these are already full to capacity. The same difficulty arises each school holiday when a number of helpers are compelled to remain at home while their children are away from school, leading to a shortage of helpers for some weeks during the summer.

The scope and amount of work done by the Home Help Service during 1948 can be seen from the following :—

No. of Home Helps on Register at the end of 1948	..	100
Cases assisted during the year :—		
Illness or domestic difficulty	..	607
Confinements	.. ..	97
		— 704
Applications not considered suitable	.. ..	12

Remissions of Payment.

Applications for remission of payment, mainly from Old Age Pensioners and expectant mothers, have increased with the larger number of cases dealt with. Total or partial remission of payment was made in the following cases :—

Old Age Pensioners	.. ..	135
Sickness cases	.. ..	25
Blind persons	.. ..	3
Tuberculosis	.. ..	12
Confinements	.. ..	20
		— 195

MENTAL HEALTH



MENTAL HEALTH

ADMINISTRATION.

The Mental Health Sub-Committee, consisting of the Chairman, Vice-Chairman and four members of the Health Committee, meets on the fourth Wednesday of each month.

Officers of the Mental Health Section :—

- Medical Officer of Health
- Mental Health Officer
- Deputy Mental Health Officer
- 7 Duly Authorised Officers/Mental Health Social Workers.
- 4 Clerical Assistants
- Educational Psychologist (part-time)
- Occupation Centre Supervisor
- Assistant Occupation Centre Supervisor
- 4 other Assistants
- 1 Male Handicraft Instructor
- 1 Cook

The National Health Service Act, 1946, relieved local authorities of the responsibility of providing institutional and hospital accommodation for mental defectives and persons suffering from mental illness, but placed upon them the responsibility for the community care of defectives. At the same time, the Act made provision for an entirely new service for the prevention, care and after-care of persons suffering from mental illness.

The after-care service is regarded as of the highest importance, since persons recovering from mental illness are often found to be in greater need of social rehabilitation than persons recovering from physical illness.

All statutory duties in the Mental Health field are carried out by the Corporation as Local Health Authority.

An annual grant is made to the Nottingham Association for Mental Health, but this body does not undertake case work, confining itself to propaganda, research in mental health subjects and the provision of recreational facilities for mental defectives and persons suffering from mental illness.

TRAINING OF STAFF.

The scheme of training instituted for mental health social workers in Nottingham consists of a course of instruction for external students organised by Sheffield University for intermittent periods amounting to three weeks in all. In addition to this, each worker attends a course of lectures in psychiatry and psychopathology given by the staff of Mapperley Hospital, and personal tuition is given by experienced members of the staff.

THE NEW SERVICE.

In the first six months, a high degree of success has been achieved and the mental health social workers have dealt with a wide variety of problems. In these early stages, a process of trial and error has been necessary, but as experience grows, a sound technique is emerging. In the future, an even higher degree of success in handling the many complex problems inherent in any attempt to rehabilitate the mentally unstable may be expected.

COMMUNITY CARE.

There is close co-ordination with the Regional Hospital Board: the Medical Superintendent of Mapperley Hospital acts as adviser to the Mental Health Sub-Committee on psychiatric matters. Three mental health social workers employed by Mapperley Hospital are

seconded for duty in the Mental Health section, working in complete co-operation with the staff, under the direction of the Mental Health Officer.

All patients discharged, from mental hospitals or mental deficiency institutions, to the City of Nottingham are supervised by the social workers of the Mental Health Section.

During 1948, notices of discharge and departure from hospital were received in 309 cases, each of these being followed up by after-care visits.

Duties under the Lunacy and Mental Treatment Acts previously undertaken by Relieving Officers are now the responsibility of Duly Authorised Officers of the Local Health Authority—the experiment of combining the duties of the Duly Authorised Officer and the mental health social worker in one person promises to be successful.

During the last three months of 1948, the mental health social workers began to work in close co-operation with the Psychiatric Out-patient Clinic at the General Hospital, obtaining case histories for the medical officers and later following up these patients in their homes. This aspect of mental health work seems likely to extend in the future.

Co-operation with the Ministry of Labour has been excellent and they have given much valuable assistance in finding suitable employment in selected cases. A number of persons whose stay in the mental hospital has been of many years' duration have been successfully placed in suitable employment by the joint efforts of the mental health social worker and the Ministry of

Labour. Liaison has also been good with the National Assistance Board and the Ministry of National Insurance. Both these bodies have been most sympathetic to this work and have given great assistance.

LUNACY AND MENTAL TREATMENT ACTS 1890—1930.

The Duly Authorised Officers in carrying out their duties under the Lunacy and Mental Treatment Acts have had **200 cases reported** to them **for investigation** during the course of the year. An analysis of the disposal of those cases is given below :—

Admissions to Mapperley Hospital since 5th July, 1948..	159
(74 as voluntary patients, 85 on 3-Day Orders under the Lunacy Act).	
Five cases out of the 159 were ultimately dealt with by Summary Reception Orders.	
Remainder not requiring Hospital treatment.. ..	41
	<hr/>
	200
	<hr/> <hr/>

MENTAL DEFICIENCY.

The work undertaken by the Mental Health Section under the Mental Deficiency Acts, 1913-1938 is summarised as follows :—

Position at 31st December, 1948.

Total number of cases ascertained	.. ..	1,192
Cases under Guardianship	166	
„ „ Statutory Supervision	329	
„ „ Voluntary Supervision	286	
Cases believed to be resident within the City—address unknown	206	
Remainder known to Department		
In Mapperley Hospital	181	
In “ Places of Safety ”	24	

	Males.	Females.	
New Cases ascertained and dealt with during the year	44	36	80
Sent to Institutions ..	1	3	
Placed under Guardianship ..	4	—	
Admitted to Place of Safety under Section 8 (3) of the Act	1	—	
Placed under Statutory Supervision	33	29	
Placed under Voluntary Supervision	5	4	

Of those placed under Statutory Supervision during the year, 11 were found to be in urgent need of institutional treatment and their names placed on the waiting list for admission to an institution.

Cases dealt with which were ascertained in previous year 24

Sent to Institutions.. ..	9
Placed under Guardianship ..	11
Admitted to Place of Safety under Section 8 (3) of the Mental Deficiency Acts ..	4

Cases still awaiting admission to institution at the end of the year 315

Number still living at home and urgently requiring admission	110 (includes 27 low grade children)
Detained in “ Places of Safety ”	24
Detained in Mapperley Hospital	181

TRAINING OF MENTAL DEFECTIVES.

The duty to provide for the occupation and training of defectives continues at Rosebery House Occupation Centre and excellent work is done, especially in the social training of young defectives. Every endeavour is made

to enable them to make an adjustment to ordinary community life, in order that they may fit happily and more harmoniously into the family group and so avoid the need for institutional care.

At the 31st December, there were 61 names on the register at the Centre.

The Medical Superintendent of Aston Hall Mental Deficiency Institution, visits Rosebery House regularly to carry out routine medical inspections of the trainees.

There are in the City many more cases who could, with advantage, attend an Occupation Centre, but so far, in spite of considerable efforts, it has not been found possible to obtain suitable accommodation in which to open another centre. The scheme for opening similar centres in various parts of the City is under scrutiny but it is likely that efforts will be made to obtain accommodation for one large all-purpose centre.

NURSES ACT 1943—NURSING
AGENCIES

SOUTHERN CEMETERY
CREMATORIUM

BIRTH CONTROL

PUBLIC MORTUARIES

NATIONAL ASSISTANCE ACT
1948—SECTION 47

NURSES ACT 1943—NURSING AGENCIES.

Under the Nursing Act 1943 and the Nursing Agencies Regulations 1945, two agencies have been licensed, each year, in the City for the supplying of private nurses.

These licences have been renewed annually since 1945 and between them they make available approximately ninety nurses in the approved categories.

Each agency on thorough inspection has been found, over the whole period of licensing, to conform with the requirements of the Act and Regulations, and is fulfilling in a satisfactory manner the function for which it is intended.

SOUTHERN CEMETERY CREMATORIUM

Since the crematorium began to function, there has been a continuous and rapid increase in its use. The popularity of cremation as a method of disposal of the dead is showing no signs of diminution and indeed, the total number of cremations each succeeding year has shown a considerable rise since the crematorium was first brought into use.

During 1948 1,420 cremations were carried out. The Medical Officer of Health and his Deputy act as Medical Referee and Deputy Medical Referee respectively, for the purposes of the 1930 Statutory Rules and Orders No. 1016.

This work often leads to delicate enquiries having to be made from doctors and coroners, before certification can be completed, and in connection with this important work, I wish to express my appreciation for the ready co-operation of all concerned, and particularly His Majesty's Coroners.

BIRTH CONTROL.

Since 1935 the arrangements made by the Authority whereby the suggestions of Ministry of Health Circular 1208 of 1931 are carried out, have been done with the close co-operation of the Women's Welfare Centre.

Under this scheme women are referred from the Maternity and Child Welfare Centres and from the Chest Clinic, to sessions which are held each Monday from 2 p.m. to 4.30 p.m. at the Methodist Church School-room, Shakespeare Street.

As far as cases referred from these clinics are concerned, they are married women who need birth control instruction on the grounds that further pregnancies would be detrimental to their health.

The work at the Women's Welfare Centre is carried out by practitioners who are experienced in this type of work. During the course of the routine work at the various clinics concerned, it was found necessary to recommend 122 women to the Birth Control Clinic, for the reasons given above, and of these 108 took advantage of the arrangement.

These figures show a satisfactory acceptance rate, under the circumstances prevailing.

For the services rendered by the Women's Welfare Centre, to the women referred from the Authorities Clinics, an annual grant is paid to the Centre from the Health Committee's funds, and which covers the cost of advice and any initial supply of appliances.

PUBLIC MORTUARIES.

There are two public mortuaries administered by the Health Committee, one of which is not regularly in use, although kept fully equipped and ready for emergencies.

The premises which are in constant use are situated at Leenside and it is here that the bulk of the work in connection with mortuaries is carried out.

The mortuary is fully equipped with refrigerating apparatus and all the facilities for post-mortem work. Most of the post-mortem work is carried out in connection with coroners' cases and during the year some 221 such examinations were carried out.

The mortuaries are maintained and staffed by two full-time employees, who act as attendants and assist at post-mortems, in addition to their caretaking duties.

NATIONAL ASSISTANCE ACT, 1948— SECTION 47.

In only one instance during 1948 was it necessary to consider taking action under this provision.

This was the case of two old-age pensioners reported by the Chief Welfare Officer, as living in a home which was in a filthy condition, and both the persons concerned were verminous.

It was found on investigation that legal action was not necessary, and both persons were eventually persuaded to enter Part III Accommodation at the City Hospital.

During their absence from their home, the opportunity was taken to render these premises clean and free from vermin, in order that they may return to fresh conditions and attempt to lead a more normal life.

SANITARY SERVICES



HOUSING



FOOD INSPECTION

SANITARY SERVICES

SANITARY CIRCUMSTANCES OF THE CITY.

The following summaries show work carried out in the administration of the various Acts for which the Health Department is responsible.

NUMBER OF INSPECTIONS :—

First Visits	..	..	20,415
Re-visits	..	..	32,748
			<hr/>
Total	..	..	53,163
			<hr/> <hr/>

INFORMAL NOTICES :—

TOTAL NUMBER SERVED	..	..	..	14,779
Outstanding at 1.1.48	..	3,722		
Outstanding at 1.1.49	..	2,885		
		<hr/>		837
				<hr/>
TOTAL NUMBER COMPLIED WITH..	..	..	..	15,616

.....

Details of Nuisances, Statutory Contraventions, Etc., dealt with by Informal Notices.

				Nuisances, etc. found.	Nuisances, etc. remedied
Houses—filthy	..	..	..	63	45
Houses—verminous	..	..	..	32	18
Licensed Premises—cleansing and improv- ment of	..	..	..	2	2
Drains—clearance of	..	..	..	260	259
Drains—repair of	..	..	..	488	420
Panternpits—abolition of	..	..	..	5	—
Additional Water-closets—provision of	..	..	..	16	1
Water-closets—clearance of	..	..	..	82	63
Water-closets—repair of	..	..	..	2,981	2,923
Closets—cleansing of	..	..	..	6	4

			Nuisances, etc. found.	Nuisances, etc. remedied
Courts, Yards & Passages—paving of	..		—	11
Courts, Yards & Passages—cleansing of	..		12	8
Courts, Yards & Passages—repair of	..		770	749
Nuisance from pigs	..	..	7	2
Nuisance from fowls	..	..	25	14
Nuisance from other animals	..	..	16	11
Nuisances from Offensive Trades	..		—	2
Nuisances from Food Premises	..		26	21
Nuisances from Accumulations of Refuse	..		65	50
Dustbins—provision of	..	..	4,162	3,982
Miscellaneous Nuisances	..	..	775	712
Tents, Vans and Sheds	..	..	2	3
Houses let-in-lodgings	..	..	18	2
Factories (with mechanical power)	..		157	95
Factories (without mechanical power)	..		20	11
Bakehouses	..	..	17	21
Workplaces	..	..	3	2
Total			10,010	9,431

Details of Defects in Houses dealt with by Informal Notices.

				Defects found.	Defects remedied
Roofs	..	..	..	3,120	3,311
Walls	..	..	..	3,115	3,148
Floors and Ceilings	..	..	..	1,986	2,065
Windows	..	..	..	2,143	2,080
Fireplaces	..	..	..	1,468	1,588
Coppers	..	..	..	409	504
Sinks provided	..	..	..	31	44
Sinks—repair of	..	..	..	421	446
Defective water pipes and fittings	..			241	251
Defective rainwater conductors	..			2,001	2,165
Others	..	..	..	1,449	1,636
Total			..	16,384	17,238

Number of Defective Houses dealt with 6,815

STATUTORY NOTICES.**Notices under Public Health Act, 1936.**

			Served.	Complied With.
Section 39	Drainage ..		351	330
Section 44	Inadequate Closet Accommodation ..		11	11
Section 45	Closets		17	17
Section 47	Conversion of pail closets into water- closets ..		12	—
Section 56	Paving of Courts, Yards and Passages		293	315
Section 75	Dustbins ..		1,557	1,773
Section 92 (1) (a)	Houses		113	144
Section 93 (b)	Others		86	40
Section 287	Notice of Entry ..		8	7

Notices under Nottingham Corporation Act, 1923.

Section 73	Repair of water-closets	177	211
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Notices under Nottingham Corporation Act, 1935.

Section 19	Cleansing and repair of drains, water- closets and soil- pipes	1,761	1,916
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Notices under Housing Act, 1936.

Section 9	2,820	3,119
Total	<u>7,206</u>	<u>7,883</u>

.....

Consequent upon the failure of owners to comply with statutory notices, the Corporation ordered work on private contractors and recovered expenses incurred in 968 cases.

The following summary shows the amount recovered from owners in respect of work done under the appropriate Acts :—

		£	s.	d.
Nottingham Corporation Act, 1923.	Section 73 ..	54	9	3
Nottingham Corporation Act, 1935.	Section 19 ..	834	17	2
Housing Act, 1936.	Section 9 & 10	1,929	4	1
Public Health Act 1936.	Section 56 ..	619	13	1
Public Health Act 1936.	Section 39 ..	84	18	8
Public Health Act 1936.	Section 44 ..	22	1	0
Public Health Act 1936.	Section 45 ..	16	5	6
		<hr/>		
		£3,561	8	9
		<hr/>		

In addition, the cost of new dustbins supplied by the Corporation in cases where owners or occupiers had failed to comply with notices served and where steps were taken to recover this amount was, £1,862 16s. 3d.

SMOKE ABATEMENT.

The Health Committee decided during the year to recommence smoke abatement work and for that purpose appointed a smoke inspector. It is now expected that there will be a steady improvement in atmospheric pollution.

Considerable progress was made in the years before the war in dealing with excessive smoke emissions from industrial chimneys, but there was marked deterioration during the war, mainly brought about by security measures which resulted in a heavy smoke pall being produced to “ blanket ” the City.

The complete abolition of smoke from the atmosphere is a practical proposition, although it will take many years to accomplish and will require the installation of smokeless apparatus and plant in all premises—commercial, industrial and domestic.

The implementation of the policy to achieve this end will be vigorously undertaken by the Health Committee.

WATER SUPPLY.

The water supply of the City has been satisfactory in quality and quantity. Practically all houses in the City are supplied direct from water mains and it is only in a few houses in remote situations that piped water supplies are not installed.

The City Water Engineer arranges for the frequent sampling, (at least monthly), of raw and treated water from all sources. Both bacteriological examinations and chemical analyses are made and the results are communicated to the Medical Officer of Health.

There is close co-operation between the Water Department and the Health Department to safeguard the purity of the municipal water supply and to reduce to a minimum the waste of water.

FACTORIES ACT, 1937.

The following tables refer to work carried out in connection with Parts I and VIII of the Act, and which come within the purview of the Local Authority :—

PART I.

Inspections for purposes of Provisions as to Health.

Premises.	No. on Register.	Number of		Occupiers prosecuted
		Inspections.	Written Notices.	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	326	68	14	—
(ii) Factories not included in (i) in which Sec. 7 is enforced by the Local Authority	1,384	648	100	—
(iii) Other Premises in which Sec. 7 is enforced by the Local Authority (excluding out-worker's premises)	9	2	—	—
Total	1,719	718	114	—

Cases in which Defects were found.

Particulars.	Number of cases in which defects were found.				Number of cases in which Prosecutions were instituted.
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness ..	36	35	—	—	—
Overcrowding ..	—	—	—	—	—
Unreasonable temperature ..	—	—	—	—	—
Inadequate ventilation	28	22	—	—	—
Ineffective drainage of floors ..	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient ..	13	10	—	14	—
(b) Unsuitable or defective ..	57	37	—	—	—
(c) Not separate for sexes ..	5	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	65	64	—	—	—
Total ..	204	169	—	14	—

PART VIII.

Outwork.

Nature of Work.	Section 110.				Section 111.		
	No. of out-workers in August list required by Sec. 110(1) (c).	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in unwholesome premises.	Notices Served.	Prosecutions.	
Wearing } Making, etc. Apparel } Cleaning and washing	832	—	—	—	—	—	
	—	—	—	—	—	—	
Lace, lace curtains and nets	898	—	—	3†	—	—	
Brass and Brass Articles	24	—	—	—	—	—	
Paper Bags	20	—	—	—	—	—	
Carding, etc. of Buttons	21	—	—	—	—	—	
Total	1,795	—	—	3	—	—	

† Cautions issued.

SHOPS ACTS, 1912-1938.

The number of inspections made by the Shop Acts Inspectors during the year was :—

First Visits	..	..	..	1,358
Re-Visits	..	..	..	434
				<hr/>
				1,792
				<hr/>

HEALTH AND COMFORT OF SHOPWORKERS.

Details of action under the provisions of the Shop Acts, 1934, are given below :—

<i>Defects.</i>	Notices Served.	Notices Complied with.
Want of heating	1	—
Want of Ventilation	6	2
Want of adequate artificial lighting	1	1
Want of facilities for washing	61	30
Sanitary accommodation—		
Insufficient, unsuitable or defective	62	56
Not separate for sexes	—	—
Walls, floors and ceilings, repair of	206	145
Roofs and rainwater conductors, repair or renewal of	13	8
Drains, cleansing or repair of	19	6
Yards, cleansing or repair of	9	14
Offensive accumulations, removal of	37	32
Dustbins, provision of	27	32
Miscellaneous nuisances	36	33
Absence of forms required under the Shops Acts	11	12

YOUNG PERSONS EMPLOYMENT ACT, 1938.

The number of inspections made during the year for the purposes of this Act was :—

First Visits	..	..	..	21
Re-Visits	..	..	..	9
				<hr/>
				30
				<hr/>

HOUSES LET IN LODGINGS.

Houses let in lodgings constitute a very serious problem. There are 175 such houses registered under the Byelaws, but many more may be in existence in the City since there is no obligation on the part of the occupier to register such premises *until required to do so by the Local Authority*. Consequently many lodging houses are established without the knowledge of the Health Department. Many are unsatisfactory, as the accommodation provided in most cases was intended for use by one family and not, as now obtaining, by numerous families.

The Byelaws regarding the cleansing and decoration of such premises during the month of April were enforced where necessary.

MEASURES AGAINST RODENT AND INSECT PESTS.

Five trained operatives are employed full time, and one part time, on the work of destroying insect pests, vermin, etc. A free service is provided by the Corporation in respect of work in private dwelling-houses and reasonable charges for labour and materials are made for the treatment of business premises.

Much success has been achieved by the use of modern methods of baiting, poisoning and gassing of rats and mice, and by the use of contact insecticides in verminous premises. The use of gas inside buildings has not been adopted owing to the difficulties of application and the danger which sometimes accompanied it.

The treatment of sewers with a view to destroying rats has been carried out during the year by the City Engineer's Department. The Health Department has undertaken the work of pest destruction in the Corporation undertakings, depots, etc.

An exhibition and film show on the subject of rats, mice and other pests was organised in conjunction with the Ministry of Agriculture and Fisheries from the 8th to 26th November 1948. The recorded attendances totalled 6,479 persons.

CANAL BOATS.

The Canals, and other navigable waters within the City have been visited on 14 occasions during the year and 27 boats were inspected. Frequent visits were made at various times during the hours laid down by the Act, and the Inspector has at all times been allowed free access to the cabins of the boats inspected.

The number of women carried on the inspected boats was 7, the number of children under 5 years of age was 5 and the number of children between 5 and 12 years of age was 5.

Four notices were issued against owners of boats in connection with the following 10 infringements of the Act and Regulations :—

Failure to produce Registration Certificate	2
Cabins in need of repair or painting ..	6
Boats not properly marked	2

It was not necessary in any case to resort to legal proceedings.

No case of infectious disease on a Canal Boat was reported during the year, nor was it necessary to detain any boat for cleansing or disinfection.

There were no new boats registered during the Year, but entries relating to two boats were cancelled in the register ; the total number of boats in use and registered by this Authority now being 40.

The Education Authority were notified with regard to seven children of school age who were living on Canal Boats and who were visiting the City for a period longer than two days.

HOUSING



HOUSING

The following summary is in the form required by the Ministry of Health :—

INSPECTION OF DWELLING-HOUSES.

(1) (a)	Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts)	14,105
(b)	Number of inspections made for the purpose ..	17,444
(2) (a)	Number of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1938	2,820
(b)	Number of inspections made for the purpose..	6,736
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	10
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	—

INFORMAL ACTION.

Number of defective dwelling-houses rendered fit in consequence of informal notices by the Local Authority or their Officers	4,143
--	-------

ACTION UNDER STATUTORY POWERS.

I.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.

(a)	Number of dwelling-houses in respect of which notices were served requiring repairs ..	2,820
(b)	Number of dwelling-houses in which defects were remedied after service of formal notices—	
1.	By owners	2,648
2.	By Local Authority in default of owners	471

2.—Proceedings under the Public Health Acts.

(a) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	757
(b) Number of dwelling-houses in which defects were remedied after service of formal notices—	
1. By owners	728
2. By Local Authority in default of owners	61

3.—Proceedings under Sections 11 and 13 of the Housing Act, 1936.

(a) Number of dwelling-houses in respect of which demolition orders were made	4
(b) Number of dwelling-houses demolished in pursuance of demolition orders	2

4.—Proceedings under Section 12 of the Housing Act, 1936.

(a) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(b) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

HOUSING ACT, 1936—OVERCROWDING.

(a) (1) Number of dwelling-houses overcrowded at the end of the year	481
(2) Number of families dwelling therein ..	1,171
(3) Number of persons dwelling therein ..	3,655
	(3,211½ units)
(b) Number of new cases of overcrowding reported during the year	230

The *actual* position in respect of overcrowding is not reflected by the above figures. They represent only those cases of legal overcrowding which have come to the notice of the Health Department. To ascertain the true position would necessitate a full detailed survey of all houses in the City.

FOOD SUPERVISION AND INSPECTION

FOOD SUPERVISION AND INSPECTION

FOOD SAMPLING.

During the year, the following were taken :—

Formal Samples	..	473	Analysed by Public Analyst
Informal Samples	..	974	do.
Informal Milk Samples	..	212	Tested by Inspectors
<hr/>			
Total	..	1,659	Samples. (All foods)

Formal Samples found not genuine.

Action taken.

Potted beef paste—deficient in meat content	..	..	6·6%	Referred to Divisional Food Officer.
Potted meat—excess of dry starchy matter	..	..	5·8%	Cautionary letter.

Informal Samples found not genuine.

1 sausage—deficient in meat content	..	..	16%	} Referred to Divisional Food Officer.
1 meat paste	do.	do.	17%	
1 potted meat—excess of dry starchy matter	..	..	7·73%	} Cautionary Letter. do.
1 potted meat—	do.	do.	10·05%	
1 sausage meat—deficient in meat content	..	..	4·13%	Referred to Divisional Food Officer.
1 refined Frying Oil—sales des- cription queries	..	..	..	do.

Several cases of adulteration of made-up meat products which were referred to the Divisional Food Officer were followed up by Ministry of Food officials and resulted in prosecutions, followed by substantial fines being imposed on the offenders.

Results of sampling of MILK and ICE CREAM—see pages 121-126.

DETAILS OF SAMPLING.

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Milk	236	760	996	215	739	954	21	21	42
Butter	35	21	56	35	21	56	—	—	—
Margarine	34	29	63	34	29	63	—	—	—
Cooking Fat	1	20	21	1	20	21	—	—	—
Cheese	—	25	25	—	25	25	—	—	—
Bacon	—	19	19	—	19	19	—	—	—
Ice Cream	—	19	19	—	19	19	—	—	—
Coffee	6	—	6	6	—	6	—	—	—
Coffee & Chicory	—	1	1	—	1	1	—	—	—
Coffee & Chicory Cubes	—	1	1	—	1	1	—	—	—
Cocoa	3	—	3	3	—	3	—	—	—
Apple Puree	1	—	1	1	—	1	—	—	—
Apple Juice	2	—	2	2	—	2	—	—	—
Apples, cooked, canned	1	—	1	1	—	1	—	—	—
Arrowroot	—	1	1	—	1	1	—	—	—
Aspirin Tablets	—	1	1	—	1	1	—	—	—
Almond Paste	—	1	1	—	1	1	—	—	—
Barley Kernels	2	—	2	2	—	2	—	—	—
Barley Flakes	2	—	2	2	—	2	—	—	—
Barley Flour	1	—	1	1	—	1	—	—	—
Barley, Pearl	1	—	1	1	—	1	—	—	—
Barley Pudding Mixture	1	—	1	1	—	1	—	—	—
Bran	1	—	1	1	—	1	—	—	—
“Bournvita”	1	—	1	1	—	1	—	—	—
Beans in Tomato Sauce	1	—	1	1	—	1	—	—	—
Bicarbonate of Soda	1	—	1	1	—	1	—	—	—
“Becona”	1	—	1	1	—	1	—	—	—
Batter Flour	1	1	2	1	1	2	—	—	—
Borax, powdered	—	1	1	—	1	1	—	—	—
Baking Powder	—	2	2	—	2	2	—	—	—
Bun Flour Mixture	—	1	1	—	1	1	—	—	—
Cake Mixture	6	—	6	6	—	6	—	—	—
“Cakeoma”	1	—	1	1	—	1	—	—	—
Caramel Dessert Powder	1	—	1	1	—	1	—	—	—
Custard Flavouring & Colouring	1	—	1	1	—	1	—	—	—
Carrots, diced, canned	2	—	2	2	—	2	—	—	—
Cake Flour Mixture	5	—	5	5	—	5	—	—	—
Condensed Skimmed Milk (sweetened)	3	—	3	3	—	3	—	—	—
Carried forward	351	903	1254	330	882	1212	21	21	42

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	351	903	1254	330	882	1212	21	21	42
Condensed Full Cream Milk (sweetened)	2	—	2	2	—	2	—	—	—
Condensed Full Cream Milk (unsweetened)	1	—	1	1	—	1	—	—	—
Currants	1	—	1	1	—	1	—	—	—
Calves Feet Jelly ..	1	—	1	1	—	1	—	—	—
Compound Mustard ..	—	1	1	—	1	1	—	—	—
Cod Roe Spread ..	—	1	1	—	1	1	—	—	—
Chocolate Cup ..	—	1	1	—	1	1	—	—	—
Cordial, Lime Flavour	—	1	1	—	1	1	—	—	—
Cordial, Peppermint ..	1	—	1	1	—	1	—	—	—
Cordial, black-currant	1	—	1	1	—	1	—	—	—
Caraway Seeds ..	—	1	1	—	1	1	—	—	—
Cake Decorations ..	—	1	1	—	1	1	—	—	—
Canned Celery Sticks..	—	1	1	—	1	1	—	—	—
Concentrated Chicken Broth	1	—	1	1	—	1	—	—	—
Candied Peel ..	—	1	1	—	1	1	—	—	—
Dandelion Coffee ..	1	—	1	1	—	1	—	—	—
Dandelion & Burdock	1	—	1	1	—	1	—	—	—
Dried Onion ..	1	—	1	1	—	1	—	—	—
Dried Egg	1	—	1	1	—	1	—	—	—
Epsom Salts ..	—	1	1	—	1	1	—	—	—
Eucalyptus Oil ..	—	1	1	—	1	1	—	—	—
Farinoca	1	—	1	1	—	1	—	—	—
Fish Paste ..	1	—	1	1	—	1	—	—	—
Fig Pudding (canned)	1	—	1	1	—	1	—	—	—
Frozen Plum Puree ..	—	1	1	—	1	1	—	—	—
Fruit Malt Syrup ..	—	1	1	—	1	1	—	—	—
Fritter Mixture ..	1	—	1	1	—	1	—	—	—
Fish Cakes (canned) ..	—	1	1	—	1	1	—	—	—
Forcemeat, Parsley & Thyme	1	—	1	1	—	1	—	—	—
Frozen Ice Suckers ..	—	2	2	—	2	2	—	—	—
Fruit Sauce ..	—	1	1	—	1	1	—	—	—
Garden Peas (canned)	1	—	1	1	—	1	—	—	—
Green Beans (canned)	1	—	1	1	—	1	—	—	—
Grapefruit & Orange Marmalade ..	1	—	1	1	—	1	—	—	—
Grapefruit Marmalade	1	—	1	1	—	1	—	—	—
Grapes (canned) ..	1	—	1	1	—	1	—	—	—
Golden Syrup ..	1	—	1	1	—	1	—	—	—
Gelatine	—	2	2	—	2	2	—	—	—
Carried forward ..	374	921	1295	353	900	1253	21	21	42

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	374	921	1295	353	900	1253	21	21	42
Ground Ginger ..	—	2	2	—	2	2	—	—	—
Ground Cinnamon ..	—	1	1	—	1	1	—	—	—
Greengage Jam ..	1	—	1	1	—	1	—	—	—
Ground Nutmeg ..	—	1	1	—	1	1	—	—	—
Honey ..	1	—	1	1	—	1	—	—	—
Honey, imported ..	1	—	1	1	—	1	—	—	—
Honey, synthetic ..	—	1	1	—	1	1	—	—	—
“ Jak-lap ” Cereal ..	1	—	1	1	—	1	—	—	—
Lemon Squash ..	2	—	2	2	—	2	—	—	—
Lemonade ..	1	—	1	1	—	1	—	—	—
Limeade ..	1	—	1	1	—	1	—	—	—
Lemon Curd ..	1	—	1	1	—	1	—	—	—
Lemonade Crystals ..	—	1	1	—	1	1	—	—	—
Liquorice Stick ..	—	1	1	—	1	1	—	—	—
Liquorice “ Dips ” ..	—	1	1	—	1	1	—	—	—
Lemon Barley Water	1	—	1	1	—	1	—	—	—
Mincemeat ..	2	—	2	2	—	2	—	—	—
Malted Milk Powder	2	—	2	2	—	2	—	—	—
Macaroni ..	1	—	1	1	—	1	—	—	—
Mixed Vegetables (canned) ..	1	—	1	1	—	1	—	—	—
Mock Rice ..	1	—	1	1	—	1	—	—	—
Marmalade ..	1	—	1	1	—	1	—	—	—
Mashed Potato Powder	2	—	2	2	—	2	—	—	—
Malted Oatmeal ..	1	—	1	1	—	1	—	—	—
Malted Food ..	1	—	1	1	—	1	—	—	—
Minced Beef Loaf ..	1	—	1	1	—	1	—	—	—
Malt Chocolate Spread	—	1	1	—	1	1	—	—	—
Mint Sauce ..	—	1	1	—	1	1	—	—	—
Malted Wheaten Food	—	1	1	—	1	1	—	—	—
Meat Paste ..	—	1	1	—	—	—	—	1	1
Mock Marzipan Paste	1	—	1	1	—	1	—	—	—
National Flour ..	5	—	5	5	—	5	—	—	—
Oats, breakfast ..	1	—	1	1	—	1	—	—	—
Oatmeal ..	2	—	2	2	—	2	—	—	—
Oatcakes ..	1	—	1	1	—	1	—	—	—
Orange Flavouring Essence ..	—	1	1	—	1	1	—	—	—
Olive Oil, B.P. ..	—	1	1	—	1	1	—	—	—
Pudding Mixture, sponge ..	7	—	7	7	—	7	—	—	—
Pudding Mixture, steamed ..	1	—	1	1	—	1	—	—	—
Carried forward ..	415	935	1350	394	913	1307	21	22	43

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	415	935	1350	394	913	1307	21	22	43
Pudding Mixture ..	5	—	5	5	—	5	—	—	—
Pudding, canned ..	1	—	1	1	—	1	—	—	—
Potted Beef Paste ..	1	3	4	—	3	3	1	—	1
Potted Meat ..	2	3	5	1	1	2	1	2	3
Potatoes, canned ..	1	—	1	1	—	1	—	—	—
Prunes ..	1	—	1	1	—	1	—	—	—
Pea Soup ..	1	—	1	1	—	1	—	—	—
Pepper ..	—	2	2	—	2	2	—	—	—
Pepper, black ..	—	1	1	—	1	1	—	—	—
Peppermint Flavour- ing ..	—	1	1	—	1	1	—	—	—
Piccalilli ..	—	1	1	—	1	1	—	—	—
Processed Peas ..	1	—	1	1	—	1	—	—	—
Pineapple Juice ..	1	—	1	1	—	1	—	—	—
Pickled Walnuts ..	—	1	1	—	1	1	—	—	—
Parsley, dried ..	—	1	1	—	1	1	—	—	—
Rhubarb, canned ..	1	—	1	1	—	1	—	—	—
Raspberry Mould ..	1	—	1	1	—	1	—	—	—
Raspberry Vinegar ..	—	1	1	—	1	1	—	—	—
Rye Pearls ..	1	—	1	1	—	1	—	—	—
Red Plum Jam ..	1	—	1	1	—	1	—	—	—
Refined (frying) Oil ..	—	1	1	—	1	1	—	—	—
Rennet, Essence ..	—	1	1	—	1	1	—	—	—
Raspberry Flavoured Spread ..	—	1	1	—	1	1	—	—	—
Rock Cod ..	2	—	2	2	—	2	—	—	—
Rum ..	—	1	1	—	1	1	—	—	—
Sandwich Paste ..	—	1	1	—	1	1	—	—	—
Semolina ..	4	—	4	4	—	4	—	—	—
Spaghetti ..	1	—	1	1	—	1	—	—	—
Self Raising Flour ..	4	—	4	4	—	4	—	—	—
“ Sweepfat ” ..	1	—	1	1	—	1	—	—	—
Scotch Broth ..	1	—	1	1	—	1	—	—	—
Spaghetti Pearls ..	1	—	1	1	—	1	—	—	—
Spaghetti, canned ..	2	—	2	2	—	2	—	—	—
Sultanas ..	2	—	2	2	—	2	—	—	—
Sponge Cake Mixture ..	1	—	1	1	—	1	—	—	—
Strawberry & Goose- berry Jam ..	1	—	1	1	—	1	—	—	—
Shredded Beef Suet ..	1	—	1	1	—	1	—	—	—
Sago ..	3	—	3	3	—	3	—	—	—
Scone Mixture ..	1	—	1	1	—	1	—	—	—
Sulphur Tablets ..	—	1	1	—	1	1	—	—	—
Carried forward ..	458	955	1413	435	931	1366	23	24	47

Article	No. of Samples			No. Genuine			No. Adulterated		
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total
Brought forward ..	458	955	1413	435	931	1366	23	24	47
Saccharin Tablets ..	—	1	1	—	1	1	—	—	—
Salad Dressing ..	—	1	1	—	1	1	—	—	—
Sausage ..	—	1	1	—	—	—	—	1	1
Sausage, Beef ..	—	1	1	—	1	1	—	—	—
Sausage Meat ..	—	2	2	—	1	1	—	1	1
Sunny Spread ..	1	—	1	1	—	1	—	—	—
Soup Powder ..	—	1	1	—	1	1	—	—	—
Salad Oil ..	—	1	1	—	1	1	—	—	—
Sherry ..	—	1	1	—	1	1	—	—	—
Tapioca ..	2	—	2	2	—	2	—	—	—
Treacle ..	1	—	1	1	—	1	—	—	—
Tomato Juice ..	1	—	1	1	—	1	—	—	—
Table Jelly ..	1	—	1	1	—	1	—	—	—
Table Dessert ..	1	—	1	1	—	1	—	—	—
Turnip, diced ..	1	—	1	1	—	1	—	—	—
Tomato Paste ..	—	1	1	—	1	1	—	—	—
Table Salt ..	—	1	1	—	1	1	—	—	—
Tea Tablets ..	—	1	1	—	1	1	—	—	—
Tomato Spread ..	—	1	1	—	1	1	—	—	—
“ Vitacup ” ..	1	—	1	1	—	1	—	—	—
Vermicelli ..	2	—	2	2	—	2	—	—	—
Veal Loaf ..	1	—	1	1	—	1	—	—	—
Vinegar ..	—	3	3	—	3	3	—	—	—
Wheat Beans ..	—	1	1	—	1	1	—	—	—
“ Weetabix ” ..	1	—	1	1	—	1	—	—	—
Wheat Flakes ..	2	—	2	2	—	2	—	—	—
Yeast ..	—	1	1	—	1	1	—	—	—
Yorkshire Relish ..	—	1	1	—	1	1	—	—	—
TOTALS ..	473	974	1447	450	948	1398	23	26	49

UN SOUND FOOD.

The following quantities of foodstuffs were surrendered on account of unsoundness :—

Bacon	2¾ stones
Baking Powder	8 „
Bicarbonate of Soda	15¾ „
Biscuits	35½ „
Black Puddings	79 „

Bread	..	..	..	$2\frac{3}{4}$ stones
Butter	..	..	..	$1\frac{1}{2}$ „
Cake Mixture	..	..	..	$25\frac{1}{2}$ „
Canned Goods	..	..	..	$5,976\frac{1}{2}$ „
Cereals	..	..	..	$378\frac{1}{2}$ „
Cheese	..	..	..	11 „
Confectionery (Sweets, Chocolate etc.)	..	..	..	$87\frac{3}{4}$ „
Cooked Meats	..	..	..	6 „
Cooked Tripe	..	..	..	19 „
Cooking Fat	..	..	..	$2\frac{3}{4}$ „
Dried Fruit	..	..	..	$91\frac{3}{4}$ „
Eggs—Dried	..	..	..	$3\frac{1}{2}$ „
Eggs—Shell	..	..	..	12 „
Fish—Wet	..	..	..	$2,553\frac{1}{2}$ „
Fish—Dry	..	..	..	$1,052\frac{1}{2}$ „
Fish—Shell	..	..	..	3,533 „
Fish Cakes	..	..	..	10 „
Flour	..	..	..	489 „
Fruit	..	..	..	$598\frac{1}{2}$ „
Jams, etc.	..	..	..	$149\frac{1}{4}$ „
Lemonade Powder	..	..	..	8 „
Milk Dried	..	..	..	$66\frac{3}{4}$ „
Miscellaneous	..	..	..	321 „
Macaroni	..	..	..	$10\frac{3}{4}$ „
Margarine	..	..	..	1 „
Mustard	..	..	..	$1\frac{1}{2}$ „
Nuts	..	..	..	$10\frac{1}{4}$ „
Orange Juice	..	..	..	30 „
Peas—Dried	..	..	..	8 „
Pickles	..	..	..	51 „
Poultry	..	..	..	$18\frac{1}{4}$ „
Pudding Mixture	..	..	..	12 „
Rabbits	..	..	..	$40\frac{1}{2}$ „
Salt	..	..	..	7 „
Sausage Binder	..	..	..	$31\frac{1}{4}$ „
Semolina	..	..	..	329 „
Sponge Cakes	..	..	..	$1\frac{3}{4}$ „
Sugar	..	..	..	166 „
Sausages	..	..	..	$5\frac{3}{4}$ „
Stuffing Mixture	..	..	..	77 „
Swiss Rolls	..	..	..	$5\frac{1}{2}$ „

Tea	..	..	..	6 $\frac{1}{2}$ stones
Vegetables	..	..	..	2,731 „
Christmas Puddings	..	..	..	4 $\frac{1}{4}$ „
				<hr/>
				19,089 $\frac{1}{4}$ stones
Meat surrendered, (see details				
page 117)	..	..	..	59,835 stones
				<hr/>
Grand Total of all foodstuffs				
surrendered	..	..	..	78,924 stones
				<hr/> <hr/>
				(or 493 $\frac{1}{2}$ tons, approx.)

All suitable food surrendered was utilised either by the Nottingham Corporation or the Ministry of Food Salvage Division for animal feeding purposes.

THE MEAT SUPPLY.

The following slaughter-houses were occupied and used by the Ministry of Food for the slaughter of animals for human consumption :—

The Public Slaughter-house, Cattle Market.

Egerton Street Slaughter-house (Nottingham Co-operative Society, Ltd.).

Egerton Street Slaughter-house (J. S. Beardall).

The concentration of slaughtering under the Ministry's scheme has enabled the Health Department's Food Inspectors to ensure that **all** carcasses and offals were examined, although this has necessitated the attendance of the Inspectors at the slaughter-houses at early and late hours in addition to normal working times.

The situation, structure, lay-out and equipment of the two slaughter-houses in Egerton Street leave much to be desired. The amount of slaughtering was such that during several months of the year, the whole of the killing could have been dealt with at the Public Slaughter-house and it is difficult to understand why the Ministry of Food permitted the two slaughter-houses at Egerton Street to be used except during periods of heavy killing. To have concentrated the slaughtering in one building whenever possible, would have resulted in economy in meat inspection arrangements, as well as in transport and operating costs.

For the occasional slaughter of pigs belonging to cottagers, pig clubs, etc. other private slaughter-houses were used and arrangements were made for the carcasses and offals of those pigs to be examined by Food Inspectors.

It is essential, in controlling the meat supply, to keep under supervision the knackery arrangements of the area.

In Nottingham, only one knacker's yard exists and it is situated in property owned by the Corporation at the Eastcroft Depot. It operates under an annual licence and is satisfactorily conducted.

MEAT INSPECTOR'S VISITS.

To private slaughter-houses	..	..	401
To butchers premises	..	..	374

ANIMALS SLAUGHTERED FOR FOOD :—

Bulls	..	..	..	515
Bullocks	..	..	..	7,047
Cows	..	..	..	6,355
Heifers	..	..	..	5,765
Calves	..	..	..	19,242
Sheep	..	..	..	49,253
Pigs	..	..	..	3,112
Total				91,289

SUMMARY OF MEAT SURRENDERED as being diseased, unsound, unwholesome or unfit for human consumption.

SURRENDERED VOLUNTARILY.

Home Killed Meat.

			Stones	
Beef	..	..	33,323 $\frac{3}{4}$	
Mutton & Lamb	..		519	
Pork	..	..	864 $\frac{1}{4}$	
Veal	..	..	220 $\frac{1}{4}$	
Offals	..	..	24,618	
				Total 59,545 $\frac{1}{4}$ stones

Imported Meat.

Beef	..	..	144 $\frac{1}{4}$	
Mutton	..	..	129 $\frac{1}{2}$	
Offals	..	..	16	
				Total 289 $\frac{3}{4}$ stones

Grand Total .. 59,835 stones

The total number of whole carcasses condemned	..	987
The total number of carcasses in which some part or organ was affected and condemned	.. ..	13,995
Total	.. ..	<u>14,982</u>

SEIZED. .. NIL.

DETAILS OF CARCASSES SURRENDERED AS UNFIT.

	Cattle excluding Cows.				Cows.	Calves.	Sheep and Lambs.	Pigs.	Total.
	Bulls.	Bull'ks.	Heifers	Total.					
Number of Animals killed and Carcasses inspected <i>All Diseases except Tuberculosis.</i>	515	7,047	5,765	13,327	6,355	19,242	49,253	3,112	91,289
Whole Carcasses condemned	3	7	9	19	42	101	115	49	326
Carcasses of which some part or organ was condemned	95	2,918	898	3,911	3,147	27	992	142	8,219
Percentage of number inspected affected with disease other than Tuberculosis	19.0	41.5	15.7	29.4	50.1	.6	2.2	6.1	9.3
<i>Tuberculosis only.</i>									
Whole carcasses condemned	11	31	53	95	516	17	—	33	661
Carcasses of which some part or organ was condemned	187	1,124	926	2,237	3,245	—	—	294	5,776
Percentage of number inspected affected with Tuberculosis	38.4	16.3	16.9	17.4	59.1	.08	—	10.5	7.0

THE MILK SUPPLY.

REGISTRATIONS.

The conditions under which milk was produced, stored, treated and distributed were regularly examined to ensure that the statutory requirements applicable to the trade were complied with.

No. of cowkeepers on Register at end of December, 1948	17
No. of registered dairies	65
No. of registered purveyors of milk (excluding those dealing only in bottled milk)	87

The total number of dairy cows kept by the 17 registered cow-keepers, was approximately 384.

LICENSING.

Designated Milks.

Licences granted under the provisions of the Milk (Special Designations) Regulations, 1936-1946 :—

Licence to produce Tuberculin Tested Milk ..	1
Licences to produce Accredited Milk	3
Supplementary licence to sell Accredited Milk ..	1
Licences to bottle Tuberculin Tested Milk ..	2
Licence to pasteurise Tuberculin Tested Milk ..	1
Dealers Licences to sell Tuberculin Tested Milk (pasteurised)	3
Dealers licences to sell Tuberculin Tested Milk ..	30
Supplementary licences to sell Tuberculin Tested Milk	4
Licences to pasteurise and sell Pasteurised Milk ..	5
Supplementary licences to sell Pasteurised Milk ..	3

MILK SAMPLING.

BACTERIOLOGICAL EXAMINATION.

Tuberculin Tested Milk.

120 samples were procured and 88 complied with the prescribed standards. 32 were unsatisfactory and appropriate action was taken.

Accredited Milk.

19 samples were taken, 14 of which proved satisfactory.

Pasteurised Milk.

65 samples of milk sold under licence were obtained for examination and 7 were unsatisfactory. To test the efficiency of pasteurisation, 390 samples were subjected to the phosphatase test and 374 were proved to have been correctly heat-treated.

Heat Treated Milk.

Although the heat treatment of milk is not legally compulsory, the Ministry of Food encourages such treatment by providing that milk dealers receive, subject to certain conditions, additional allowances in respect of milk treated by heat in plants and premises authorised by the Ministry.

At the request of the Ministry, the department procured 370 samples which were subjected to the phosphatase test, and 34 samples to which the methylene blue test was applied. Of the former, only 5 failed to satisfy the test, and of the latter, all were satisfactory.

Ungraded Milk.

31 samples were taken and were submitted for methylene blue and B.coli tests. Of these, 21 were satisfactory and 10 were otherwise. The bacterial count ceased to be recognised as a test for milk after March, 1946.

Examination of Milk for Tubercle Bacilli.

58 samples of raw milk were examined and 54 showed negative results on biological testing. 3 samples were not reported upon owing to technical difficulties at the laboratory. Only one sample gave a positive result and was referred to the Ministry of Agriculture (Animal Health Division) for investigation of the herd. The infected animal was subsequently removed and destroyed.

The positive results shown in previous years were as follows :—

1947	..	..	5·08 per cent.
1946	..	..	2·7 „
1945	..	..	10·17 „
1944	..	..	4·4 „
1943	..	..	6·9 „

11 samples of pasteurised milk were also examined for tubercle bacilli and all gave negative results.

Of these, 10 were from the milk supplied to the Newstead Sanatorium near Mansfield, Notts. Sampling of this supply ceased when the control of the establishment passed from the hands of the City Council.

CHEMICAL EXAMINATION.

Milk samples (formal and informal) analysed by the Public Analyst.

1948.	No. of Samples.	Average Percentage of Fat.	Average Percentage of Solids not Fat.
January	81	3·512	8·888
February	85	3·464	8·832
March	100	3·416	8·856
April	81	3·423	8·844
May	97	3·349	8·895
June	79	3·380	8·905
July	76	3·396	8·902
August	84	3·534	8·807
September	86	3·580	8·870
October	76	3·651	8·905
November	90	3·778	8·948
December	33	3·640	8·844
AVERAGE ..	—	3·510	8·875

The standard for milk is “Fat” 3·0 per cent., and “Solids not Fat”, 8·5 per cent.

Of the 212 informal samples of milk which were tested by the inspectors during the year by the Gerber process, 6 or 2·83 per cent. were found to be adulterated.

ACTION TAKEN ON UNSATISFACTORY MILK SAMPLES.

<i>Samples taken formally and found not genuine.</i>	<i>Prosecutions.</i>	<i>Other Action taken.</i>
2 samples (a) added water	4%	} Fine £2. Costs £5/4/0.
(b) do.	7%	
1 sample—added water	2%	} Fine £4. Costs £1/1/0.
deficient in Milk fat	15%	
1 sample—deficient in milk fat	40%	} Fine £20. Costs £1/1/0.

<i>Samples taken formally and found not genuine.</i>	<i>Prosecutions.</i>	<i>Other Action taken.</i>
1 sample—deficient in milk fat	18% } Fine 10/- Costs £2/2/0.	
1 sample—deficient in milk fat	7% }	Cautionary letter.
1 sample—added water	9% } Case dismissed on payment of £4/8/0 costs.	
1 sample—deficient in milk fat and in solids not fat	29% } 2% }	Cautionary letter.
1 sample—deficient in milk fat	4% }	Cautionary letter.
1 sample—added water	6% } Fine £15. Costs £2/11/6.	
1 sample—deficient in milk fat	3% }	Cautionary letter.
5 samples—added water (a) 4% (b) 4% (c) 2% (d) 1% (e) “ a little ”.	}	Cautionary letter.
1 sample—added water	4% } Fine £5. Costs £1/1/0.	
2 samples—deficient in milk fat (a) 9% (b) 2%	}	Cautionary letter.
1 sample—added water	10% }	Supplier
1 sample—added water “ a small amount ”	} Fined £5. Costs £1/1/0.	

ICE CREAM.

The Nottingham Corporation Act, 1935, provides for the compulsory registration with the sanitary authority of persons carrying on the manufacture and/or sale of ice cream and of premises used for these purposes.

REGISTRATIONS IN FORCE AT THE END OF THE YEAR :—

MANUFACTURERS.

“ Hot Mix ” method	..	11
“ Cold Mix ” method ..	..	154
		<hr/>
Total	..	165
		<hr/> <hr/>

VENDORS AND DEALERS.

“ Pre-packed ” ices	..	433
“ Loose ” ices	..	425
		<hr/>
Total	..	858
		<hr/> <hr/>

SAMPLING.

19 samples of ice cream sold in the City were taken for analysis and considerable variations were found in the proportions of fat and other solids. There is however no legal standard of quality for ice cream, at present.

GRADING.

69 samples of ice cream were procured for bacteriological grading by the methylene blue reduction test with the following results :—

Grade.	Time taken to reduce Methylene Blue (hours).	No. of specimens reducing Methylene Blue.
1	4½ or more	46
2	2½ — 4	18
3	½ — 2	5
4	0	Nil

PROSECUTION.

One prosecution was instituted in the course of the year :—

Failure to carry out the heat treatment of ice cream in the required manner.	} Two defendants each fined £15.
Absence of approved cooling plant for ice cream.	
Failing to cool ice cream to the correct degree within the prescribed period.	

SHELL FISH.

Shell fish from various sources were received into the Wholesale Fish Market and at frequent intervals samples were procured from consignments on arrival in the City, for bacteriological examination.

Three consignments of Irish mussels were found to be unfit for human consumption and were condemned. The importation of certain Irish mussels was most unsatisfactory. Four notifications were received from Departments of Health of Irish County Councils that mussels lifted from closed beds in their areas were being consigned to Nottingham fish merchants for "bait" purposes. On arrival at Nottingham, none of the bags was labelled "bait" and it was, therefore, difficult to identify these mussels which were from closed beds. All suspected consignments were sampled and were not released unless satisfactory bacteriological reports were received from the laboratory.

"Bait" mussels are intended for use in fishing and there appears to be no demand for them in Nottingham. It must, therefore, be considered most unsatisfactory for such shell fish to be received in Wholesale Fish Markets where it is reasonable to expect all foodstuffs to be intended for human food.

Regulations for the purpose of controlling the importation of polluted shell fish appear to be overdue. The attention of the Ministry of Health was drawn to this serious position and it is hoped that action will be taken.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

Samples taken :—

Substance.	Satisfactory.	Unsatisfactory.	Total.
Bone Meal	1	—	1
Chrysanthemum Fertiliser	1	—	1
Sulphate of Ammonia ..	1	—	1
Nitrate of Soda ..	1	—	1
Clay's Fertiliser ..	1	—	1
Soluble Dried Blood ..	2	—	2
Superphosphate of Lime ..	2	—	2
Tomato Fertiliser ..	1	—	1
" Orgarite " Fertiliser ..	1	—	1
Poultry Meal	3	—	3
Fish Meal	1	—	1
TOTALS ..	15	—	15

THE PHARMACY AND POISONS ACT, 1933.

This Act permits the Sale of Poisons in Part II of the Poisons List by persons whose names and premises are entered in the Local Authority's List.

Applications for entry received .. 52

Approved 44

Refused 8

Registrations not renewed, owing to
discontinuation of the sales of Part

II poisons 7

During the year, cautionary letters were sent to three licensed persons for minor infringements of the Act.

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